# 1999 Washington State Medicaid Client Satisfaction Survey (CAHPS)





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Additional Information
The following report sections are available by calling (360) 725-1618 or by sending an e-mail request to dixon@dshs.wa.gov.

- Survey Instrument
- Supplemental Region-Specific Tables



#### **Questions? Comments?**

Please send any questions or comments to Can Du, Dept. of Social and Health Services

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#### **Acknowledgements**

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#### Introduction

This report is designed to enable health plans, Peer Review Organization representatives, Medical Assistance Administration (MAA), and others to monitor and evaluate the performance of Medicaid managed care and fee for service (FFS) programs in Washington State.

This report provides the history and background of the Medicaid CAHPS survey, the goals and objectives of the project, and plans to disseminate the survey results to consumers, health plans, and other stakeholders.

#### **Project Background**

The CAHPS survey tools were developed under cooperative agreements between Harvard Medical School, RAND, Research Triangle Institute and the Agency for Health Care Policy and Research. This is MAA's third year of implementing the CAHPS project in Washington State. The CAHPS survey includes separate versions for children and adults. The survey asks respondents about their experiences with, and evaluations of, various aspects of medical care, including:

- Getting Care Quickly
- Getting Needed Care
- Doctors Who Communicate Well
- Courteous and Helpful Office Staff
- Customer Service
- Overall Satisfaction with Health Plans

A copy of the survey instrument is available by calling (360) 725-1615 or by sending an e-mail request to <a href="mailto:dixon@dshs.wa.gov">dixon@dshs.wa.gov</a>. Trend data over the past three years can be obtained from Can Du, Research and Evaluation Program Manager at (360) 725-1615.

#### **Project Goals**

The primary goal of this Medicaid CAHPS project is to assess the satisfaction of members with the health care and services they received through the Healthy Options and Fee-for-Service (FFS) programs.

- The survey was sponsored by the Washington State Medical Assistance Administration (MAA) to learn what members think about how the Healthy Options health plans and FFS providers are delivering health care and services.
- MAA is continuing to refine methods of sharing CAHPS survey results with its clients to assist them in selecting a health care plan.
- A summary of the survey results will be provided to Healthy Options members to assist them
  in selecting a health care plan. This summary report will be translated into seven languages.
- The survey was administered by mail and telephone. Summary methodology information can be found in section D.

#### How to use this report

This report is designed to allow health plans and other stakeholders to identify key opportunities for improving members health plan experiences. For this reason, the report focuses on comparisons of health plan performance with other health plans in the state. It also provides comparisons to summaries of responses from all members within the state of Washington. In general, detail about the responses to each question analyzed is displayed in the graphic formats.

#### **Composites**

When a survey covers many topics, a comprehensive report including results for each question can be overwhelming to readers. To keep the reporting of CAHPS survey results comprehensive, yet of reasonable length, CAHPS developed and tested groupings of related questionnaire items that are used to report most of the survey results. We call these groupings *composites*. Results for these composites can be more useful to readers than results for each question. Testing during the development of the CAHPS products showed that consumers found these composites easy to understand and were satisfied with the level of detail. This report is organized by composite, with each tab representing a different composite. Following the composite graph are graphs for each of the individual survey questions that make up that composite.

#### **Statistical Significance**

The bar graphs represent raw percentages of responses for all questions contributing to the composite. For Healthy Options plans, the case-mix adjusted mean of the categories of responses was computed for the individual plans as well as for the aggregate of all Healthy Options plans in the state. These adjusted means or scores were compared to determine statistically significant differences. P-values less than 0.05 were considered significant.

Stars were assigned to health plan scores to indicate whether the plan was significantly better or worse than the mean of all plans in the state. Plans with scores that are statistically better than the state mean are noted with three stars. Plans with scores that are statistically worse than the state mean are noted with one star. Plans with average scores are noted with two stars. The comparison groups on all graphs depict frequency distributions for survey data aggregated at the state level. Please refer to the Detailed Methodology for more information on the two statistical tests used.

For FFS, only bar graphs of the unadjusted percentage of the responses were presented because it is the sole plan and no comparisons can be made.

#### Case-Mix

As described above, the star ratings represent relative ratings of overall Healthy Options plan means. These scores are case-mix adjusted for age, education and self-reported health status.

#### Types of presentations in this report

Survey results are presented in several formats. The formats vary to provide you with information to help prioritize among the issues respondents raised in the survey. The report is set up to meet the needs of several different audiences. The Executive Summary will appeal to those interested in high-level summary data, while the remainder of the report presents more detailed data. The following types of presentations are included in this report:

**Comparison Table:** The tables in the Executive Summary provide you with a quick look at how health plans are doing on each of the five composites and four overall rating measures, as compared to other plans in the state. The stars illustrate statistically significant differences from the state mean.

**Bar Graphs:** A series of bar graphs beginning in Section E present summary (composite) and question-level results for all questions for which *Yes/No, Never/Sometimes/Usually/Always*, or *A Big Problem/A Small Problem/Not A Problem* responses were possible. Some survey items have a *0-10 rating scale* as response options. These items were recoded into three categories, so that the formats of the data entered into the significance tests were consistent across all questions.

Graphic displays in this report also provide comparative data from other plans in the state, as well as survey data aggregated at state level. Please note that bars without a number and % sign had less than or equal to 6% responding in that response category. Plans with fewer than 85 responses for a single survey item do not receive a bar.

How this report shows survey results: This report presents data in separate chapters for Healthy Options and FFS respondents as well as separate chapters for adults and children. The report presents a high-level summary table of the five composite scores followed by a summary table of the four overall ratings for each health plan. The next sections show the composite measures followed by the individual item scores.

#### Below is an explanation of how to read the bar charts contained in this report:

The page header displays the composite name.						The top bar is a frequency distribution for survey data aggregated at the state level.
	Summary Results: 1999 Washington Getting Care Qu	ickly				
The full question text is displayed at the top of each graph.	Of those who called a doctor's offit for themselves: Q17. "In the last 6 often did you get the help or advice Never or Sometimes	months, when yo		*** = statistically better WA MCO-Adult aver  * = not statistically		Standard to do to
	WA State MCO-Adults Average (n=2301)	13% 25	%		ge e than age	Stars are used to denote performance that is statistically better or worse than the state mean. Three stars are better than the survey average, two stars are
The key illustrates the response categories displayed in the graph.	Health Plan 1, MCO- (n=238)	16%	32%	52%	*	average and one star is below survey average.
	Health Plan 2, MCO- m=184) Health Plan 3, MCO- (n=220)	8% 23%		49%. 69%		
Plans are listed alphabetically by plan name, and include plan name, plan	Health Plan 4, MCO- (n=226)  Health Plan 5, MCO- (n=241)  Health Plan 6, MCO-	7% 23% 9% 23%	%	70% 68% 70%	***	Footnotes at the bottom of the page contain important information about
type and number of responses for each survey question.	(n=286)  Health Plan 7, MCO- (n=138)  Health Plan 8, MCO-	11% 18%		70% 71% 65%	***	interpreting the data, and where else to look in the report for more detailed information.
	(n=255) ent 9, MCO- (n=261) Health Plan 10, MCO-		28%	59% 59%	*	
Bars without a number and % sign had less than 5% responses in this response category.	(n=282)  NOTE: Survey results presented in this report. Washington State Medical Assistance Admins actual differences in heath plan performance, guard against inappropriate interpretation, plan detailed methodology, appendir for additional 1999 Washington State Medicaid Client Sati	are based on the 1999 tration. Small percents Numbers may not add so with fewer than 85 re	age differences repres d up to 100% due to roi esponses for a single s	ent measurement (second) en unding. Responses are case m survey item do not receive a ban	or rather than its adjusted. To: . Please see the	

#### **Summary Methodology**

Sampling Methodology:

Questionnaires were mailed to a sample of 22,527 Healthy Options Health Plan members and Fee For Service Provider clients in July, 1999, (19,506 to Healthy Options and 3,021 to Fee For Service). Separate samples of adults and children from each of the 9 Healthy Options plans were randomly selected. The adult sample consisted of members 18 years or older at the time of the survey; the sample for children consisted of members who were 12 years and younger. The FFS adult sample consisted of adults 18 years and older, and for the FFS children there were two samples drawn (one sample was 12 years and younger, the other was between 13-17).

Number of respondents:

The overall response rate was 52.8% The actual number of responses varied by question.

Administration protocol:

On July 9, 1999 a pre-notification letter was sent to 22,527 prospective respondents in nine Healthy Options Health Plans and one FFS sample. Questionnaires were then mailed to members on July 14,1999 and reminder postcards were mailed approximately two weeks later. A second survey mailing went out on August 17, 1999. Questionnaires were mailed to members who had not responded by then to the first mailing. A second postcard was sent out on August 31, 1999, followed by phone call follow-ups with non-respondents beginning September 8, through October 17, 1999.

Types of questions:

This report presents data for four general types of survey questions:

- Questions that ask respondents to rate aspects of their care from "0 to 10," where 0="Worst possible" and 10="Best possible."
- Questions that ask respondents how often something happened, for which respondents could choose "Never," "Sometimes," "Usually," or "Always."
- Questions that ask if certain things were "A Big Problem," "A Small Problem," or "Not A Problem."
- Questions that ask whether something happened, for which respondents could choose "Yes" or "No."

#### **Sample Characteristics**

While it is natural to want to compare results between Healthy Options and Fee For Service (FFS) clients when similar questions are being asked, it is important to keep in mind that the two groups of clients are very different.

Healthy Options and FFS are both Medicaid programs, but they are very different health care delivery systems. Healthy Options provides clients a "medical home" and an assigned primary care provider who refers clients to specialists. The Medical Assistance Administration (MAA) does not obligate providers to see FFS clients and clients may be able to see specialists without a referral. In the FFS system, decisions about the authorization of care are made by the provider, the client, and MAA, not by a health plan.

Client characteristics between the two groups also differ in important ways: health status, age, sex, and health care and services utilization, etc. Some of these differences have been shown to affect client's experiences with and perceptions about health care and health care services. The table below presents a comparison of client characteristics between Healthy Options and FFS. The results are based on the current client satisfaction survey.

#### A comparison of sample characteristics between Healthy Options (HO) and FFS

Sample Characteristics	Pop.	НО	FFS
Self-reported health status/ "Poor"	Adult	5.3%	21.0%
Self-reported health status/ "Excellent"	Adult	12.1%	5.6%
Self-reported health status/ "Excellent"	Child	51.1%	13.2%
Women	Adult	90.5%	58.5%
Between 18 and 34 years old	Adult	53.3%	21.2%
Between 45 and 64 years old	Adult	14.7%	51.1%
"Never" been to Emergency room in 1999	Adult	73.6%	69.9%
"Never" been to Emergency room in 1999	Child	84.1%	75.4%
Visited PCP four or more times in 1999	Child	13.8%	31.8%
Visited PCP four or more times in 1999	Adult	34.7%	44.0%

Healthy Options Adult

### **Summary of Composite Scores and Overall Ratings**

This table summarizes statistically significant differences between each health plan and the WA State Healthy Options Adult Average for the five summary composites and the individual questions that asked members to rate their personal doctor, specialists, health care, and health plan.

		Composites					Ratings			
Health Plan	Getting Needed Care	Getting Care Without Long Waits	Doctors Who Communicate	Helpful & Courteous Office Staff	Customer Service	Rating Personal Doctors	Rating Specialists	Rating Health Care	Rating Health Plans	
Aetna US Healthcare of Washington	*	**	**	**	**	**	**	**	**	
Clark United Providers	**	*	**	**	**	**	**	**	**	
Community Health Plan of Washington	**	*	**	**	*	**	**	**	**	
Group Health	***	***	**	**	***	**	**	**	**	
Kaiser Foundation Health Plan of the Northwest	***	**	**	**	***	**	**	**	**	
Northwest Washington Medical Bureau	***	***	**	**	**	**	***	***	***	
Premera Blue Cross, Inc.	**	**	**	**	*	**	**	**	**	
QualMed Health Plan	**	***	**	**	**	**	**	**	**	
Regence Blue Shield	**	**	**	**	**	**	**	**	**	

NOTE: These results are adjusted for case mix differences among plans. Please see the "Methodology" section of this report for additional information.

- ★★★ = statistically better than WA State Healthy Options Child Average
- ★★ = not statistically different than WA State Healthy Options Child Average
- ★ = statistically worse than WA State Healthy Options Child Average
- = statistical tests were not conducted when the number of cases was fewer than 85

Healthy Options Child

# **Summary of Composite Scores and Overall Ratings**

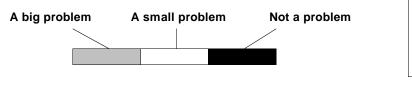
This table summarizes statistically significant differences between each health plan and the WA State Healthy Options Child Average for the five summary composites and the individual questions that asked members to rate their personal doctor, specialists, health care, and health plan.

Health Plan			Composites				Ratings			
	Getting Needed Care	Getting Care Without Long Waits	Doctors Who Communicate	Helpful & Courteous Office Staff	Customer Service	Rating Personal Doctors	Rating Specialists	Rating Health Care	Rating Health Plans	
Aetna US Healthcare of Washington	**	***	**	**	**	**	_	**	**	
Clark United Providers	**	**	**	**	**	**	_	**	**	
Community Health Plan of Washington	**	*	*	*	**	**	_	*	**	
Group Health	**	**	**	**	***	*	_	**	**	
Kaiser Foundation Health Plan of the Northwest	***	*	*	*	***	**	_	*	**	
Northwest Washington Medical Bureau	**	***	**	**	**	***	_	***	***	
Premera Blue Cross, Inc.	**	**	***	***	*	***	_	**	**	
QualMed Health Plan	**	***	**	**	**	**	_	***	**	
Regence Blue Shield	**	***	**	**	**	**	_	**	**	

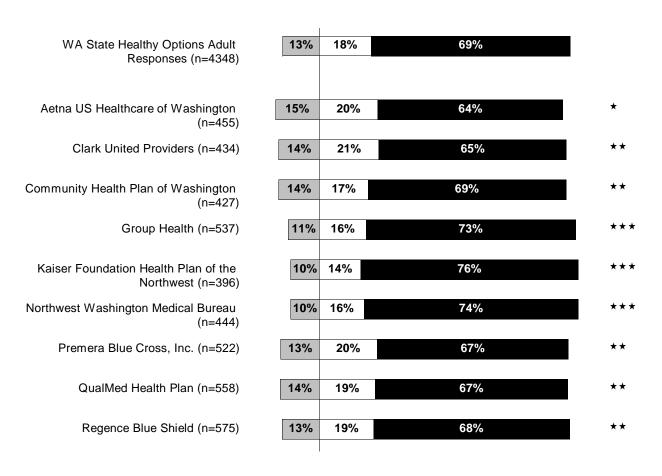
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This chart summarizes the responses to survey questions 7, 12, 26, and 27 contained in the composite, "Getting Needed Care." Individual question-level responses immediately follow.

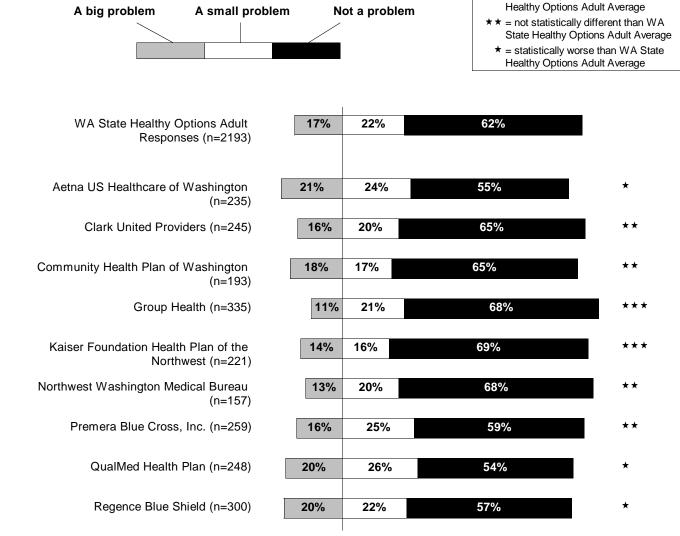


- ★★★ = statistically better than WA State Healthy Options Adult Average
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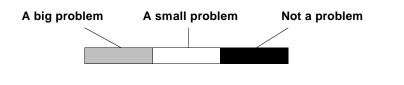


Q7. "With the choices your health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?"

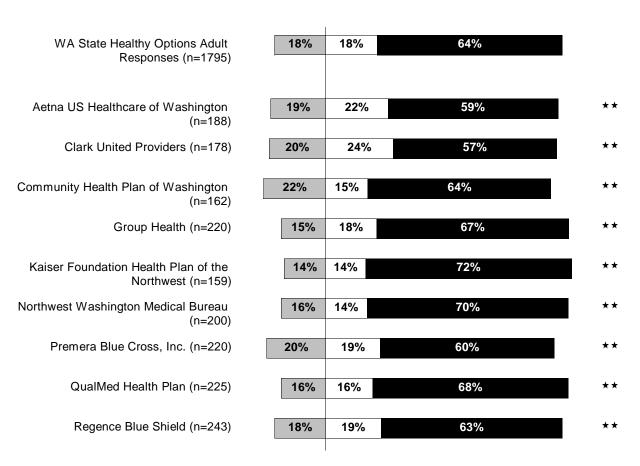
\* \* \* = statistically better than WA State



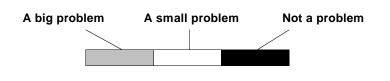
Q12. "In the last 6 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?"



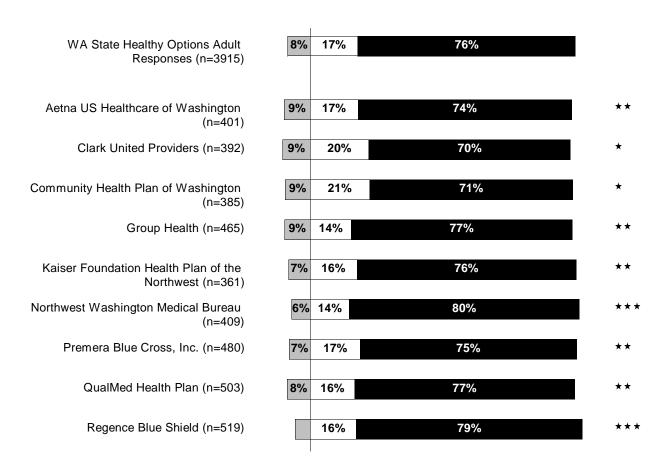
- ★★★ = statistically better than WA State Healthy Options Adult Average
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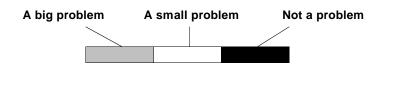
Q26. "In the last 6 months, how much of a problem, if any, was it to get the care you or a doctor believed necessary?"



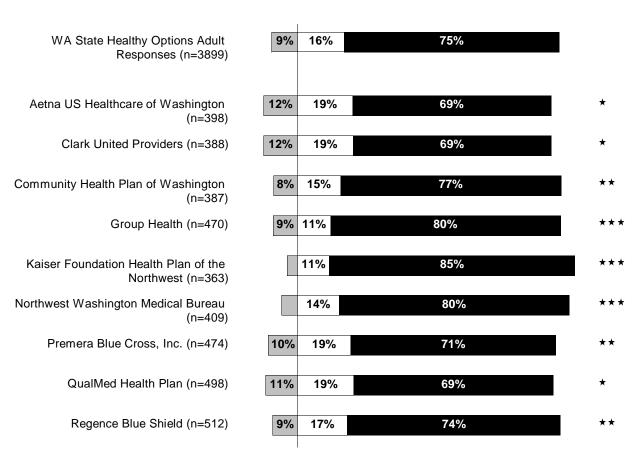
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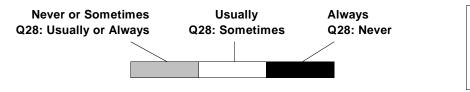
Q27. "In the last 6 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?"



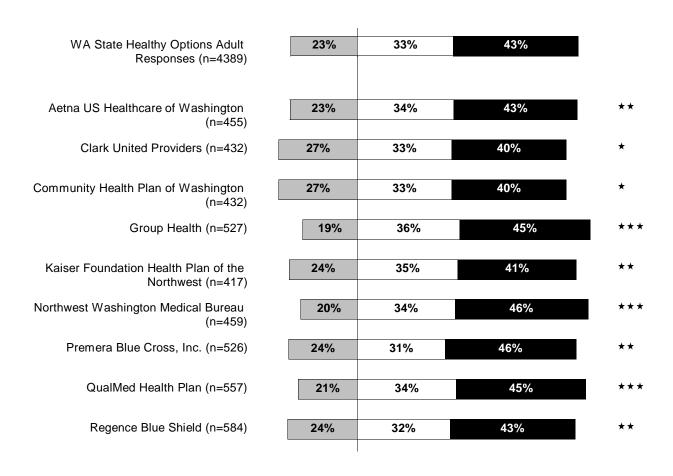
- ★★★ = statistically better than WA State Healthy Options Adult Average
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This chart summarizes the responses to survey questions 17, 19, 22, and 28 contained in the composite, "Getting Care Without Long Waits." Individual question-level responses immediately follow.



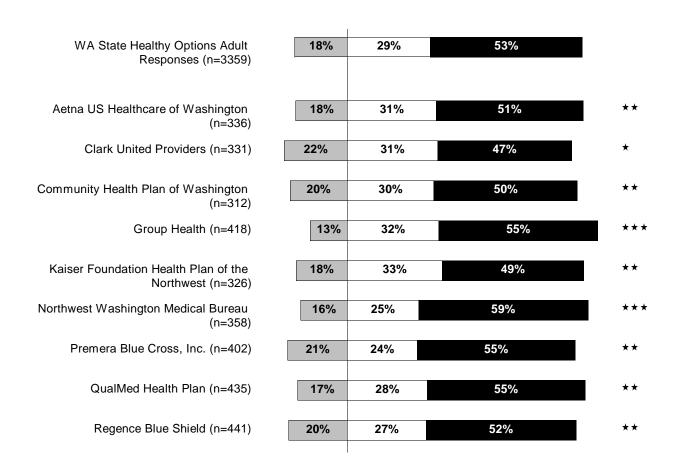
- ★★★ = statistically better than WA State Healthy Options Adult Average
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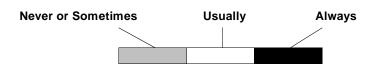
Q17. "In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed?"



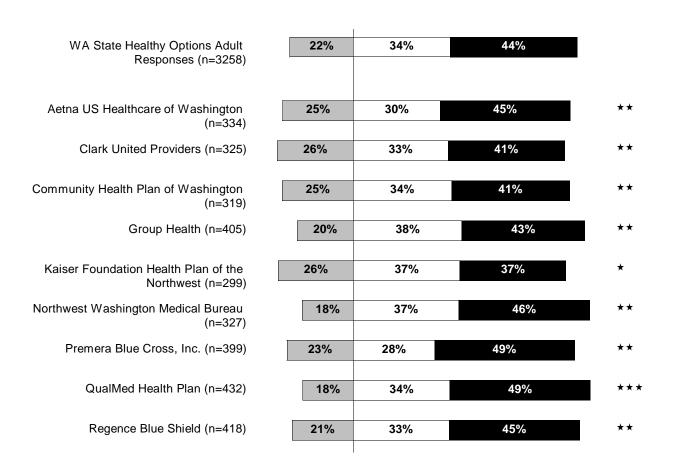
- ★★★ = statistically better than WA State Healthy Options Adult Average
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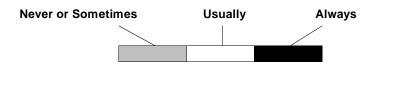
Q19. "In the last 6 months, how often did you get an appointment for regular or routine health care as soon as you wanted?"



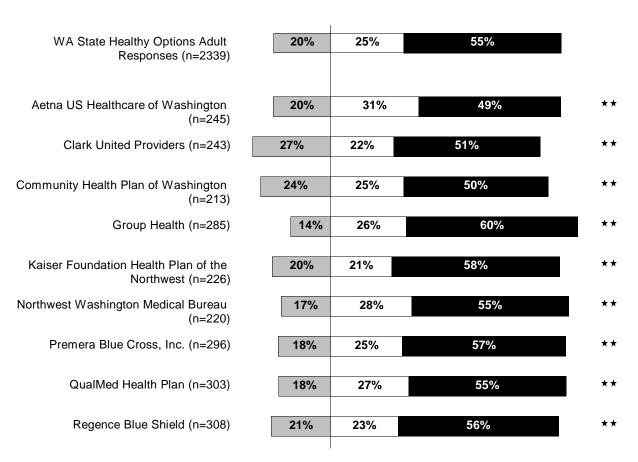
- ★★★ = statistically better than WA State Healthy Options Adult Average
- ★★ = not statistically different than WA State Healthy Options Adult Average
  - ★ = statistically worse than WA State Healthy Options Adult Average



Q22. "In the last 6 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?"



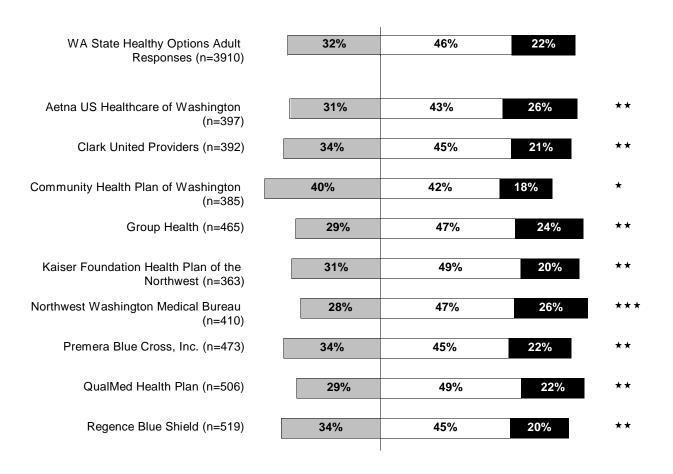
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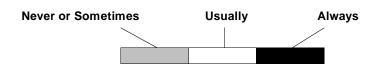
Q28. "In the last 6 months, how often did you wait in the doctor's office or clinic, more than 15 minutes past the appointment time, to see the person you went to see?"



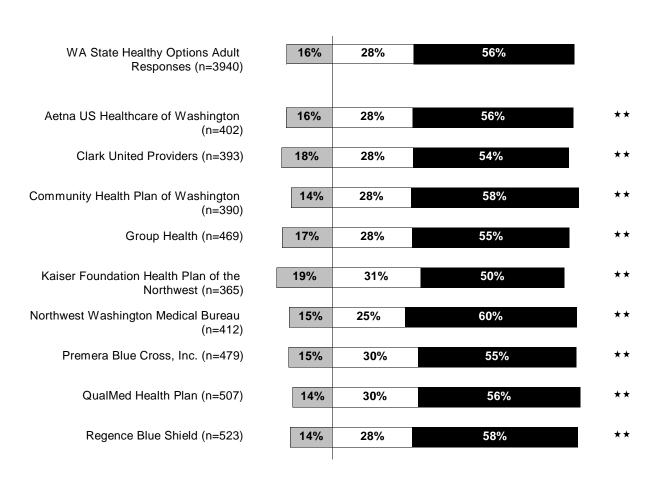
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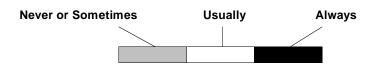
This chart summarizes the responses to survey questions 31, 33, 34, and 35 contained in the composite, "Doctors Who Communicate." Individual question-level responses immediately follow.



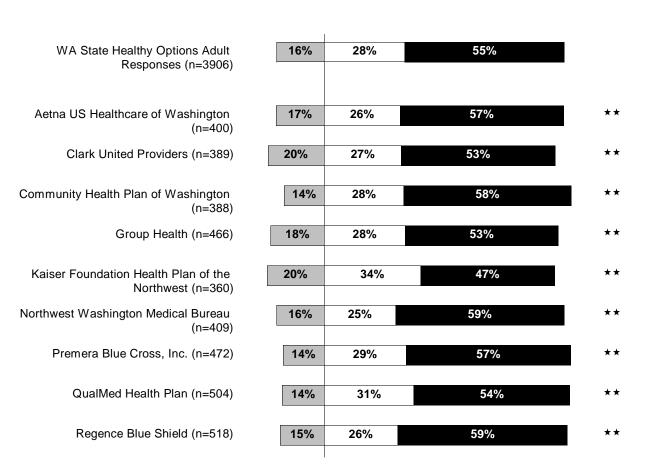
- ★★★ = statistically better than WA State Healthy Options Adult Average
- ★★ = not statistically different than WA State Healthy Options Adult Average
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Q31. "In the last 6 months, how often did doctors or other health care providers listen carefully to you?"



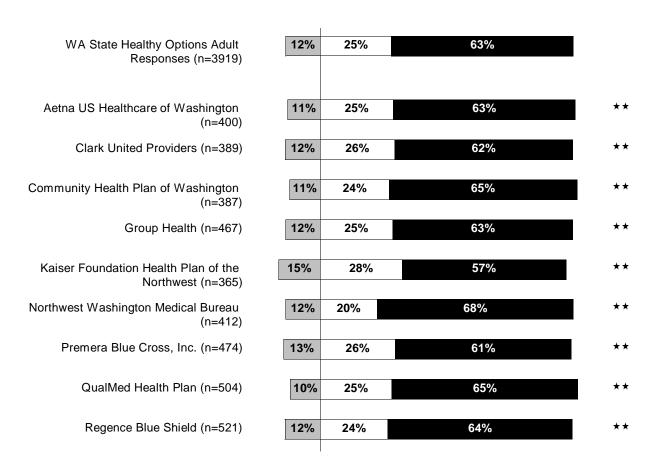
- ★★★ = statistically better than WA State Healthy Options Adult Average
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Q33. "In the last 6 months, how often did doctors or other health providers explain things in a way you could understand?"



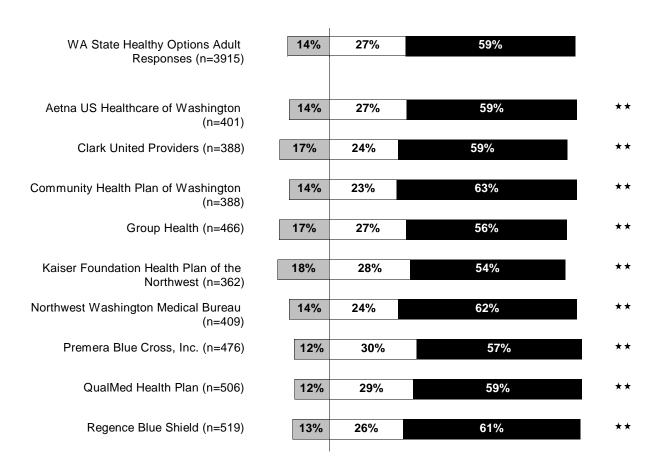
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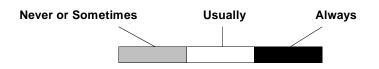
Q34. "In the last 6 months, how often did doctors or other health providers show respect for what you had to say?"



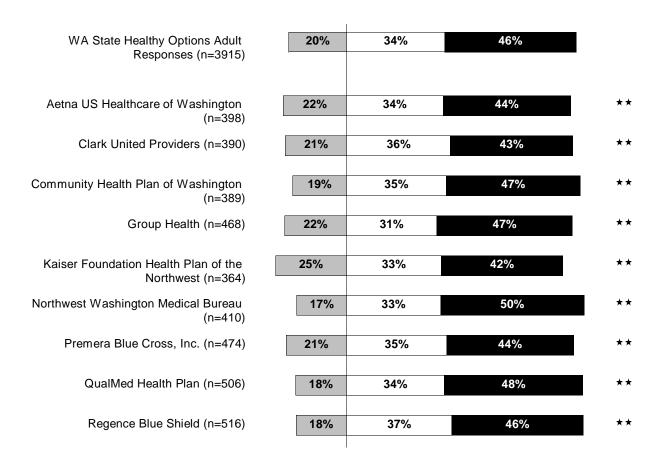
- ★★★ = statistically better than WA State Healthy Options Adult Average
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Q35. "In the last 6 months, how often did doctors or other health providers spend enough time with you?"

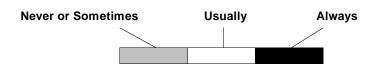


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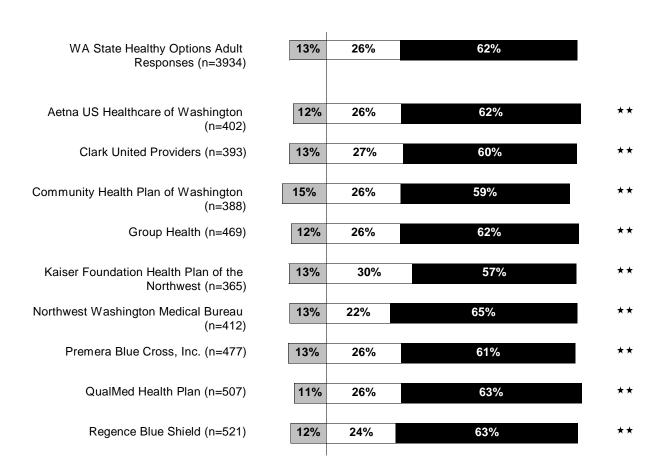


### Courteous and Helpful Office Staff

This chart summarizes the responses to survey questions 29 and 30 contained in the composite, "Courteous and Helpful Office Staff." Individual question-level responses immediately follow.

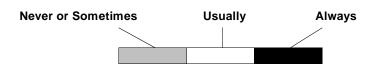


- \*\* \* = statistically better than WA State Healthy Options Adult Average
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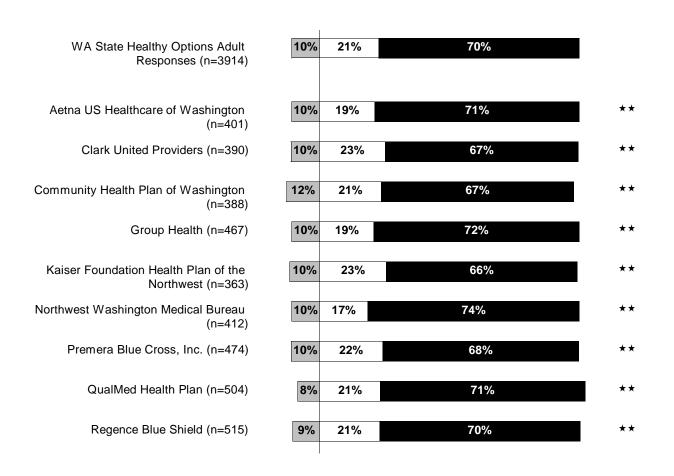


# Courteous and Helpful Office Staff

Q29. "In the last 6 months, how often did office staff at doctor's office or clinic treat you with courtesy and respect?"

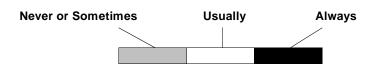


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- ★★ = not statistically different than WA State Healthy Options Adult Average
- ★ = statistically worse than WA State Healthy Options Adult Average

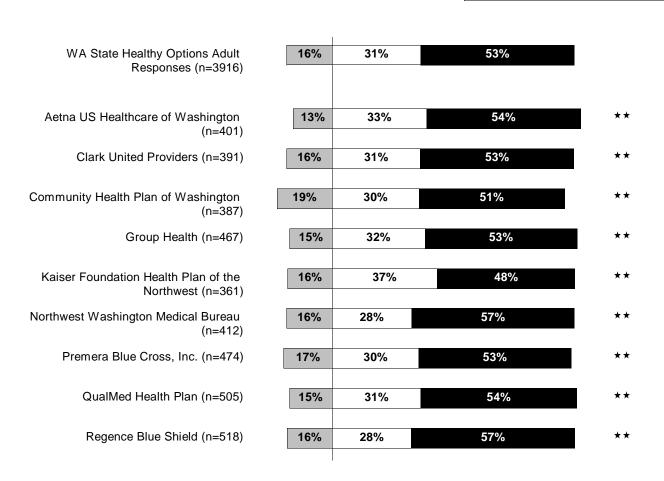


### Courteous and Helpful Office Staff

Q30. "In the last 6 months, how often were office staff at your doctor's office or clinic as helpful as you thought they should be?"



- ★★★ = statistically better than WA State Healthy Options Adult Average
- ★★ = not statistically different than WA State Healthy Options Adult Average
  - ★ = statistically worse than WA State Healthy Options Adult Average



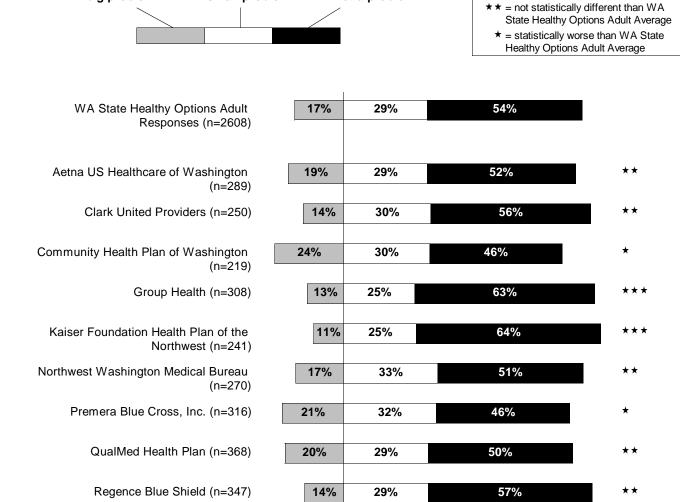
A big problem

# **Customer Service**

This chart summarizes the responses to survey questions 49, 51, and 57 contained in the composite "Customer Service." Individual question-level responses immediately follow.

Not a problem

A small problem



NOTE: Survey results presented in this report are based on the 1999 "Survey About Your Health" CAHPS survey sponsored by the Washington State Medical Assistance Administration. Small percentage differences represent measurement (sampling) error rather than actual differences in health plan performance. Numbers may not add up to 100% due to rounding. Results are case-mix adjusted. To guard against inappropriate interpretation, plans with fewer than 85 responses for a single survey item do not receive a bar. Please see the detailed methodology appendix for additional information. Statistical tests are calculated on the case-mix adjusted scores, not the frequency distribution of the unadjusted responses.

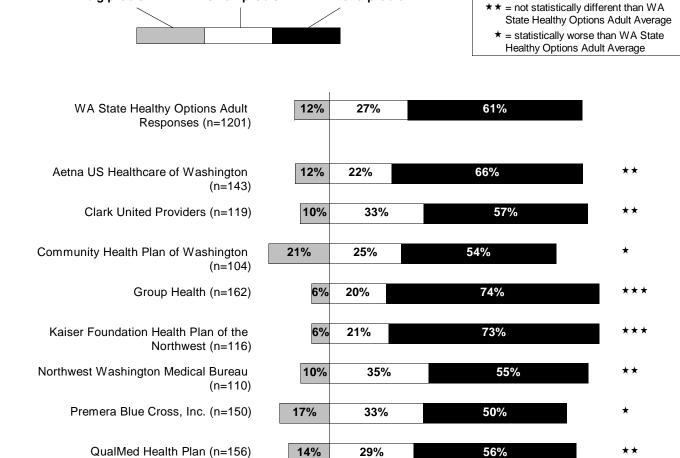
★★★ = statistically better than WA State Healthy Options Adult Average A big problem

# **Customer Service**

Q49. "In the last 6 months, how much of a problem, if any, was it to find or understand information in the written materials?"

Not a problem

A small problem



NOTE: Survey results presented in this report are based on the 1999 "Survey About Your Health" CAHPS survey sponsored by the Washington State Medical Assistance Administration. Small percentage differences represent measurement (sampling) error rather than actual differences in health plan performance. Numbers may not add up to 100% due to rounding. Results are case-mix adjusted. To guard against inappropriate interpretation, plans with fewer than 85 responses for a single survey item do not receive a bar. Please see the detailed methodology appendix for additional information. Statistical tests are calculated on the case-mix adjusted scores, not the frequency distribution of the unadjusted responses.

12%

30%

Regence Blue Shield (n=141)

★★★ = statistically better than WA State Healthy Options Adult Average

57%

A big problem

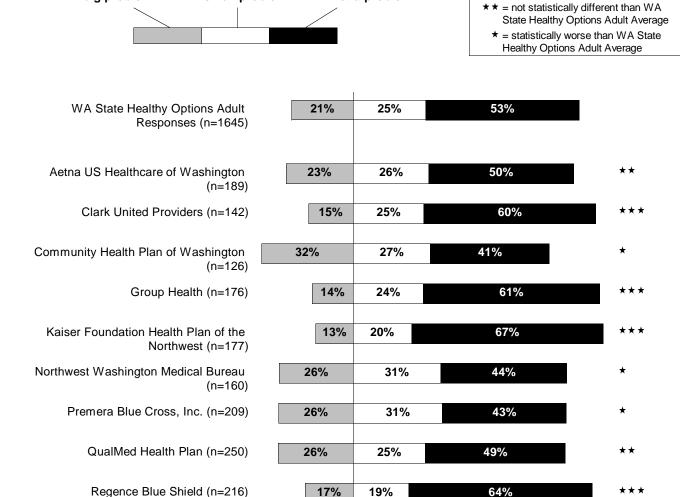
# **Customer Service**

A small problem

Q51. "In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?"

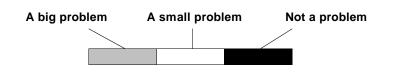
Not a problem

★★★ = statistically better than WA State Healthy Options Adult Average

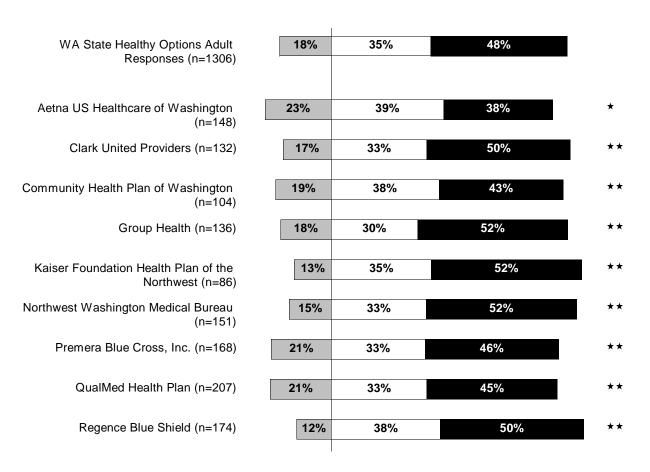


# **Customer Service**

Q57. "In the last 6 months, how much of a problem, if any, did you have with paperwork for your health plan?"

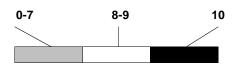


- ★★★ = statistically better than WA State Healthy Options Adult Average
- ★★ = not statistically different than WA State Healthy Options Adult Average
  - ★ = statistically worse than WA State Healthy Options Adult Average

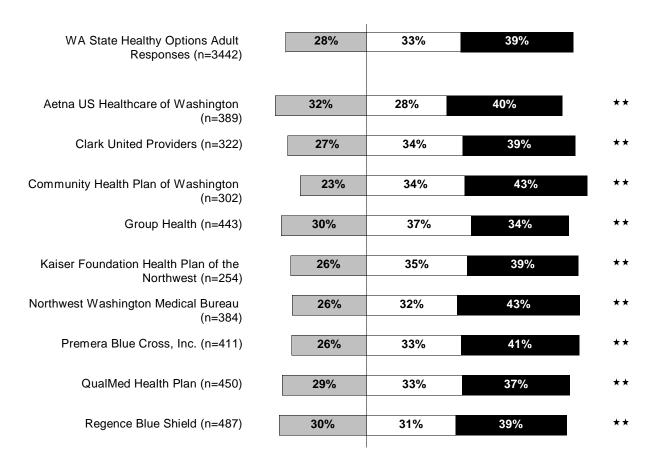


#### **Rating Personal Doctors**

Q10. "Use any number from 0 to 10, where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your personal doctor or nurse now?"

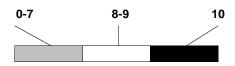


- ★★★ = statistically better than WA State Healthy Options Adult Average
- ★★ = not statistically different than WA State Healthy Options Adult Average
  - ★ = statistically worse than WA State Healthy Options Adult Average

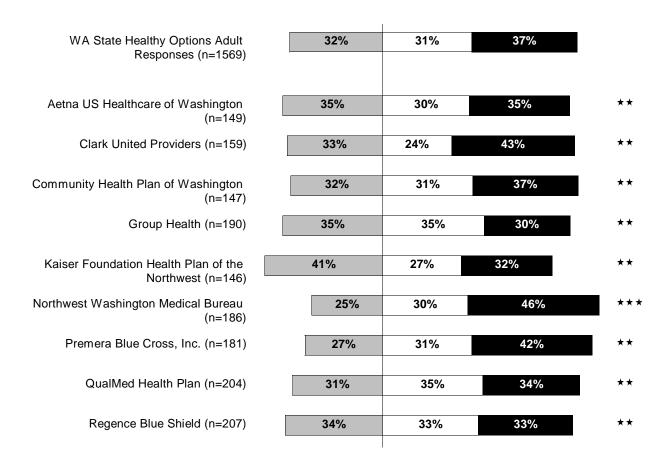


# Rating Specialists

Q14. "Use any number from 0 to 10, where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate the specialist?"

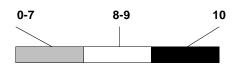


- ★★★ = statistically better than WA State Healthy Options Adult Average
- ★★ = not statistically different than WA State Healthy Options Adult Average
  - ★ = statistically worse than WA State Healthy Options Adult Average

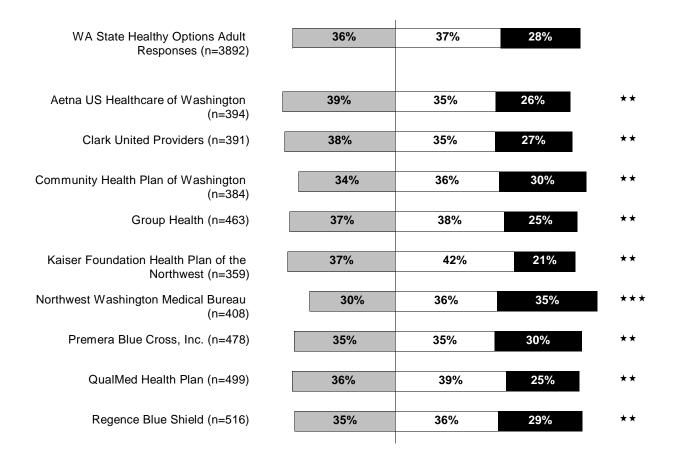


# **Rating Health Care**

Q39. "Use any number from 0 to 10, where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your health care?"

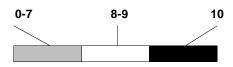


- ★★★ = statistically better than WA State Healthy Options Adult Average
- ★★ = not statistically different than WA State Healthy Options Adult Average
- ★ = statistically worse than WA State Healthy Options Adult Average

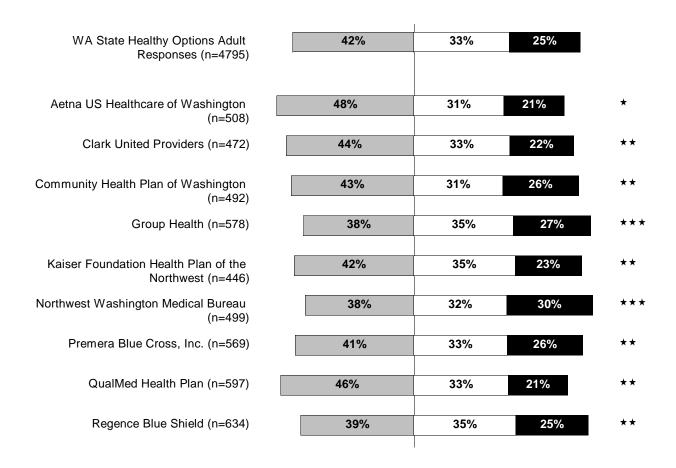


### **Rating Health Plan**

Q59. "Use any number from 0 to 10, where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your health plan now?"



- ★★★ = statistically better than WA State Healthy Options Adult Average
- ★★ = not statistically different than WA State Healthy Options Adult Average
  - ★ = statistically worse than WA State Healthy Options Adult Average



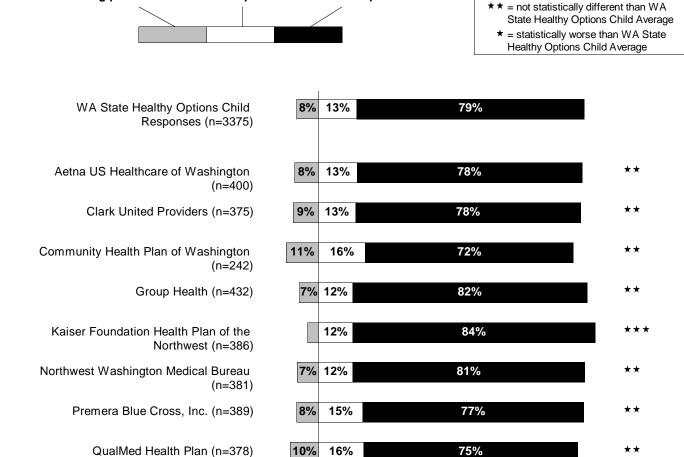
A big problem

### **Getting Needed Care**

A small problem

This chart summarizes the responses to survey questions 7, 13, 27, and 28 contained in the composite, "Getting Needed Care." Individual question-level responses immediately follow.

Not a problem



NOTE: Survey results presented in this report are based on the 1999 "Survey About Your Health" CAHPS survey sponsored by the Washington State Medical Assistance Administration. Small percentage differences represent measurement (sampling) error rather than actual differences in health plan performance. Numbers may not add up to 100% due to rounding. Results are case-mix adjusted. To guard against inappropriate interpretation, plans with fewer than 85 responses for a single survey item do not receive a bar. Please see the detailed methodology appendix for additional information. Statistical tests are calculated on the case-mix adjusted scores, not the frequency distribution of the unadjusted responses.

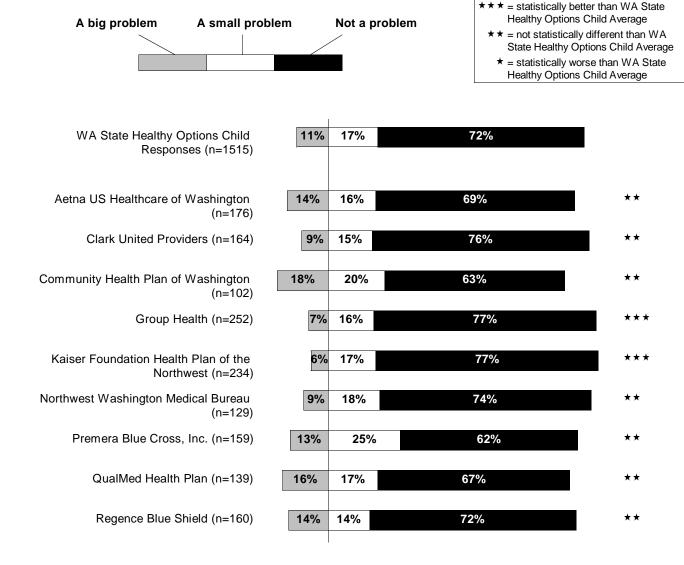
13%

81%

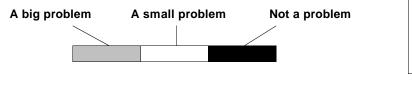
Regence Blue Shield (n=392)

★★★ = statistically better than WA State Healthy Options Child Average

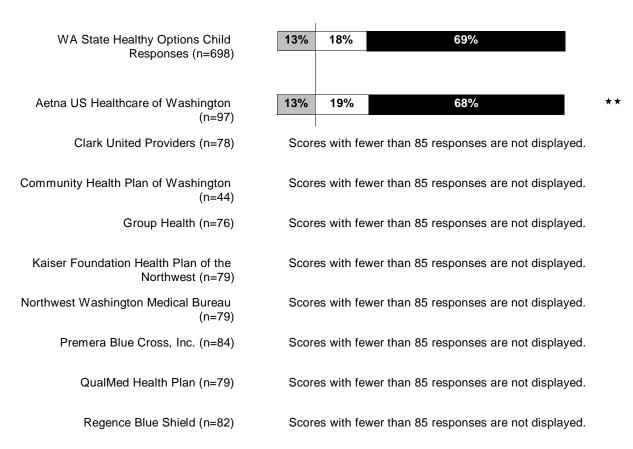
Q7. "With the choices your child's health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse for your child you are happy with?"



Q13. "In the last 6 months, how much of a problem, if any, was it to get a referral to a specialist that your child needed to see?"



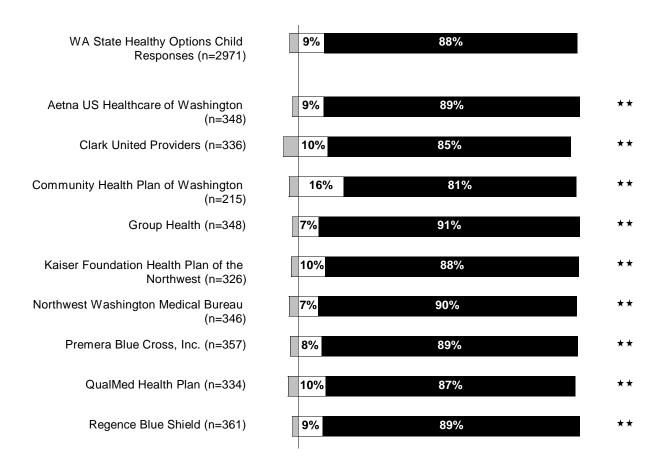
- ★★★ = statistically better than WA State Healthy Options Child Average
- ★ ★ = not statistically different than WA State Healthy Options Child Average
- ★ = statistically worse than WA State Healthy Options Child Average



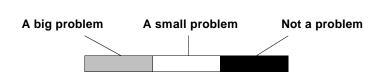
Q27. "In the last 6 months, how much of a problem, if any, was it to get care for your child you or a doctor believed necessary?"



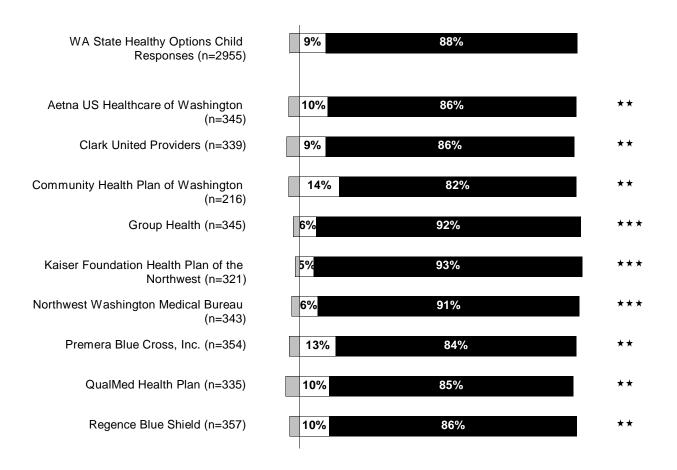
- ★★★ = statistically better than WA State Healthy Options Child Average
- ★★ = not statistically different than WA State Healthy Options Child Average
  - ★ = statistically worse than WA State Healthy Options Child Average



Q28. "In the last 6 months, how much of a problem, if any, were delays in your child's health care while you waited for approval from your child's health plan?"



- ★★★ = statistically better than WA State Healthy Options Child Average
- ★★ = not statistically different than WA State Healthy Options Child Average
  - ★ = statistically worse than WA State Healthy Options Child Average



**Never or Sometimes** 

Q29: Usually or Always

### **Getting Care Without Long Waits**

Usually

**Q29: Sometimes** 

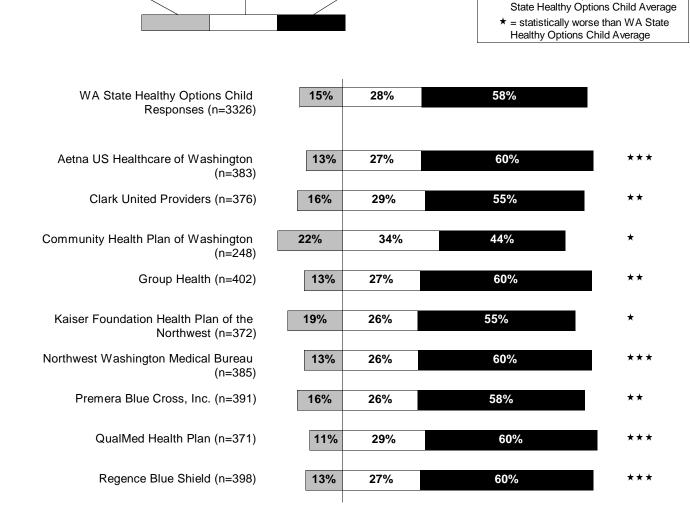
This chart summarizes the responses to survey questions 18, 20, 23, and 29 contained in the composite, "Getting Care Without Long Waits." Individual question-level responses immediately follow.

Always

Q29: Never

★★★ = statistically better than WA State Healthy Options Child Average

★★ = not statistically different than WA



**Never or Sometimes** 

Northwest Washington Medical Bureau

Premera Blue Cross, Inc. (n=276)

QualMed Health Plan (n=272)

Regence Blue Shield (n=270)

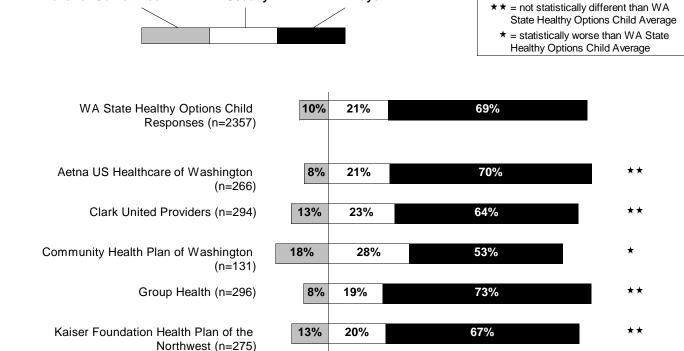
## **Getting Care Without Long Waits**

Usually

Q18. "In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed for your child?"

**Always** 

★★★ = statistically better than WA State Healthy Options Child Average



7%

10%

8%

7%

(n=277)

18%

20%

21%

22%

75%

71%

71%

70%

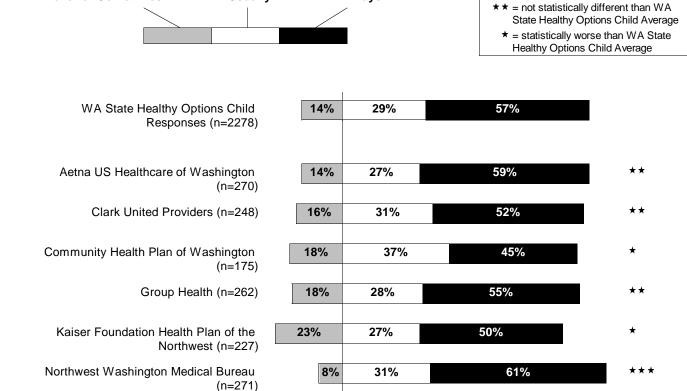
**Never or Sometimes** 

### **Getting Care Without Long Waits**

Usually

Q20. "In the last 6 months, how often did your child get an appointment for regular or routine health care as soon as you wanted?"

**Always** 



14%

8%

10%

27%

26%

30%

59%

65%

60%

NOTE: Survey results presented in this report are based on the 1999 "Survey About Your Health" CAHPS survey sponsored by the Washington State Medical Assistance Administration. Small percentage differences represent measurement (sampling) error rather than actual differences in health plan performance. Numbers may not add up to 100% due to rounding. Results are case-mix adjusted. To guard against inappropriate interpretation, plans with fewer than 85 responses for a single survey item do not receive a bar. Please see the detailed methodology appendix for additional information. Statistical tests are calculated on the case-mix adjusted scores, not the frequency distribution of the unadjusted responses.

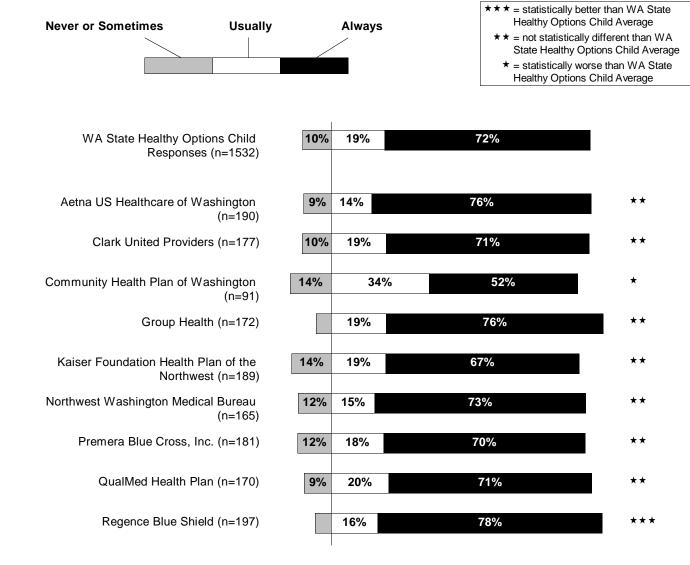
Premera Blue Cross, Inc. (n=282)

QualMed Health Plan (n=263)

Regence Blue Shield (n=280)

★★★ = statistically better than WA State Healthy Options Child Average

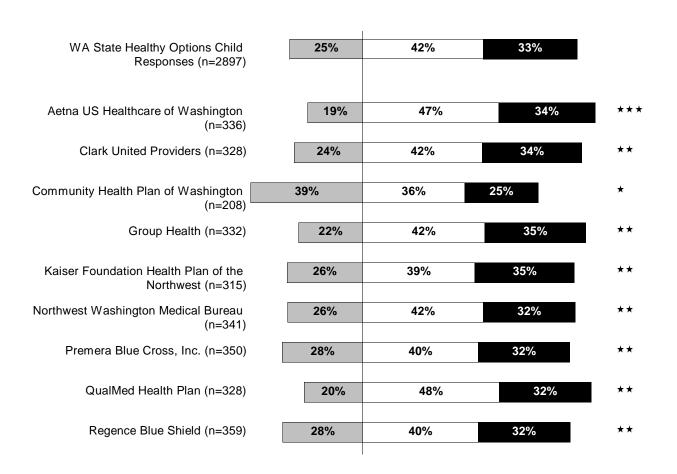
Q23. "In the last 6 months, when your child needed care right away for an illness or injury, how often did your child get care as soon as you wanted?"



Q29. "In the last 6 months, how often did your child wait in the doctor's office or clinic, more than 15 minutes past the appointment time, to see the person your child went to see?"

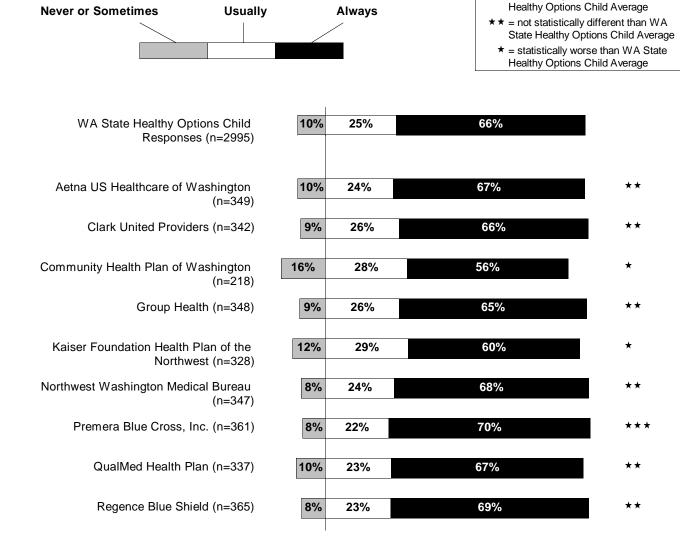


- ★★★ = statistically better than WA State Healthy Options Child Average
  - ★★ = not statistically different than WA State Healthy Options Child Average
  - ★ = statistically worse than WA State Healthy Options Child Average

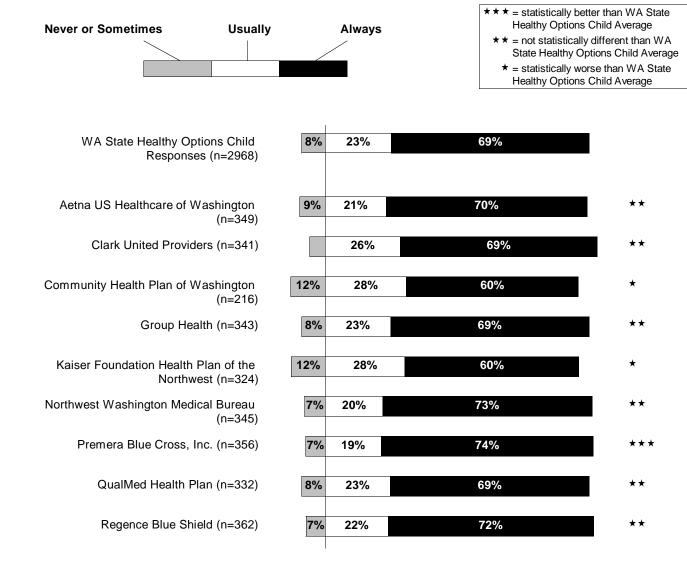


This chart summarizes the responses to survey questions 32, 34, 35, 38 and 39 contained in the composite, "Doctors Who Communicate." Individual question-level responses immediately follow.

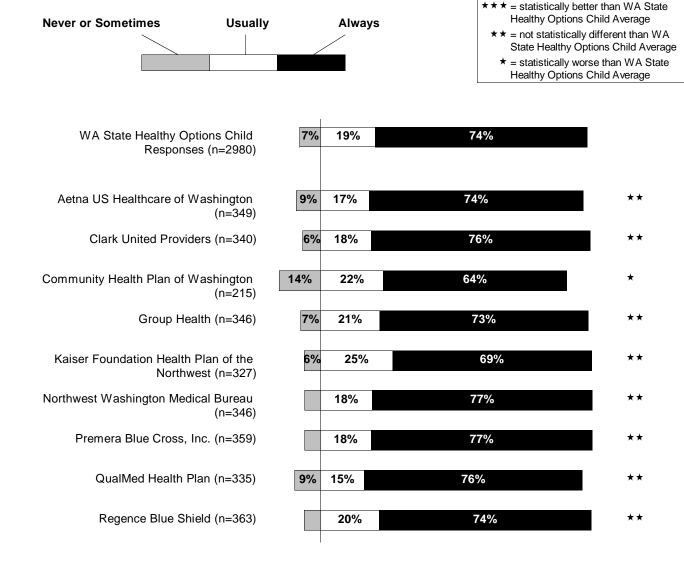
★★★ = statistically better than WA State



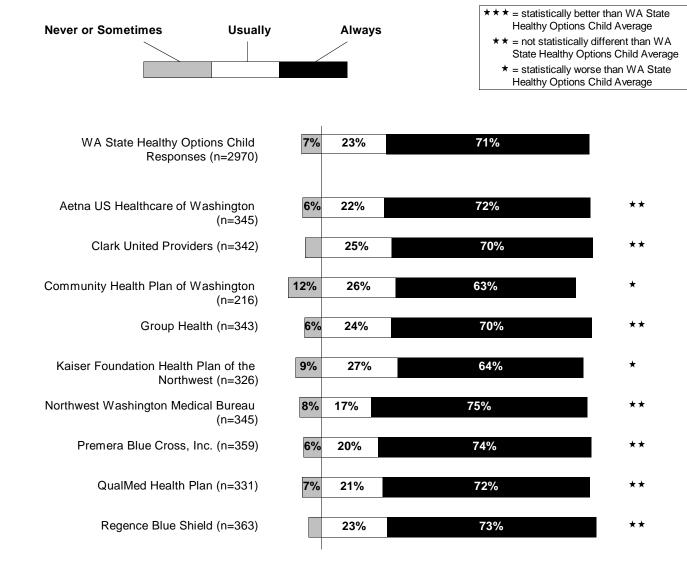
Q32. "In the last 6 months, how often did you child's doctors or other health care providers listen carefully to you?"



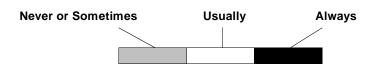
Q34. "In the last 6 months, how often did your child's doctors or other health providers explain things in a way you could understand?"



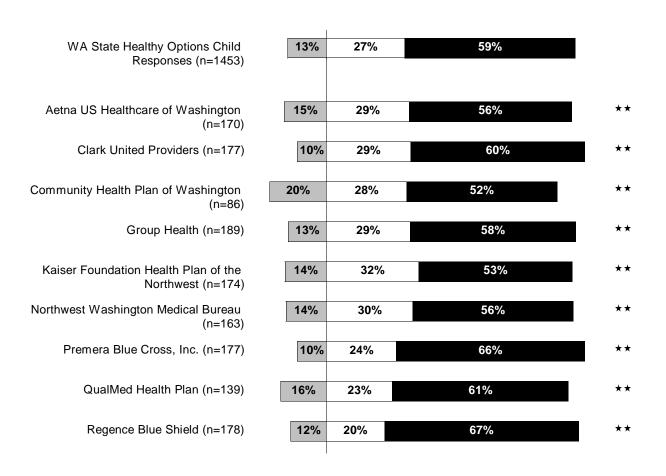
Q35. "In the last 6 months, how often did your child's doctors or other health providers show respect for what you had to say?"



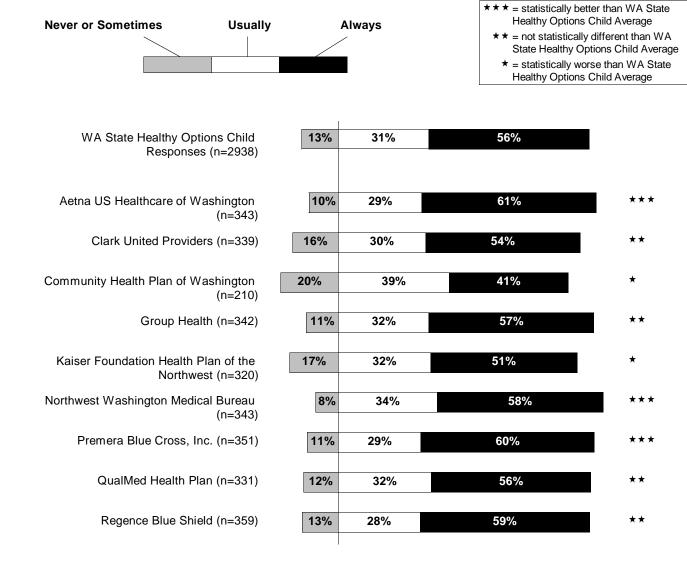
Q38. "In the last 6 months, how often did doctors or other health providers explain things in a way your child could understand?"



- ★★★ = statistically better than WA State Healthy Options Child Average
- ★★ = not statistically different than WA State Healthy Options Child Average
  - ★ = statistically worse than WA State Healthy Options Child Average

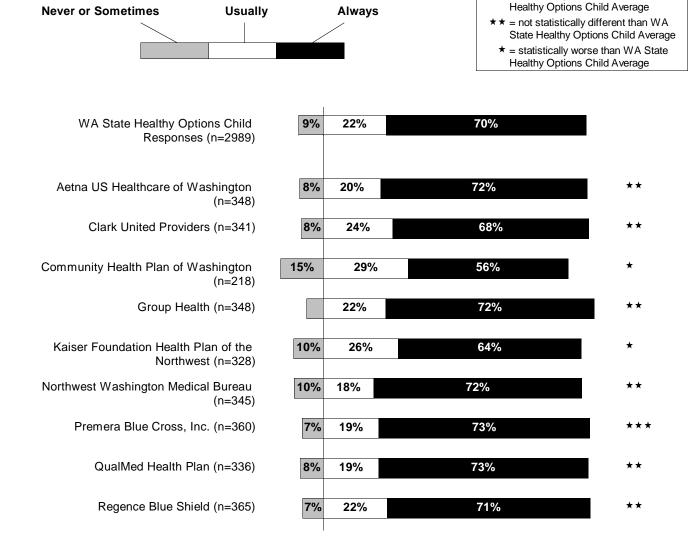


Q39. "In the last 6 months, how often did doctors or other health providers spend enough time with your child?"



#### Courteous and Helpful Office Staff

This chart summarizes the responses to survey questions 30 and 31 contained in the composite, "Courteous and Helpful Office Staff." Individual question-level responses immediately follow.

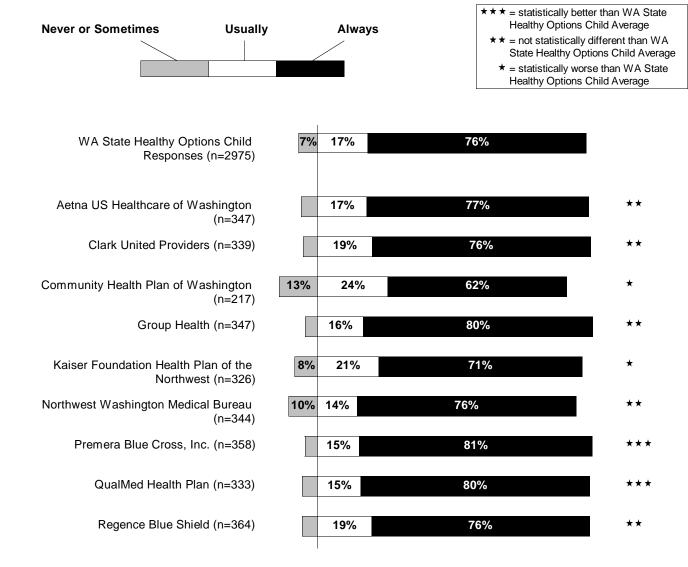


NOTE: Survey results presented in this report are based on the 1999 "Survey About Your Health" CAHPS survey sponsored by the Washington State Medical Assistance Administration. Small percentage differences represent measurement (sampling) error rather than actual differences in health plan performance. Numbers may not add up to 100% due to rounding. Results are case-mix adjusted. To guard against inappropriate interpretation, plans with fewer than 85 responses for a single survey item do not receive a bar. Please see the detailed methodology appendix for additional information. Statistical tests are calculated on the case-mix adjusted scores, not the frequency distribution of the unadjusted responses.

\* \* \* = statistically better than WA State

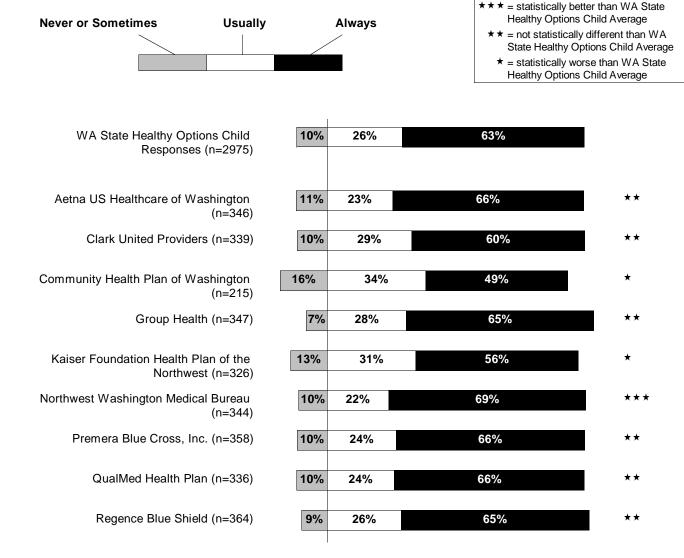
### Courteous and Helpful Office Staff

Q30. "In the last 6 months, how often did office staff at your child's doctor's office or clinic treat you and your child with courtesy and respect?"



### Courteous and Helpful Office Staff

Q31. "In the last 6 months, how often were office staff at your child's doctor's office or clinic as helpful as you thought they should be?"



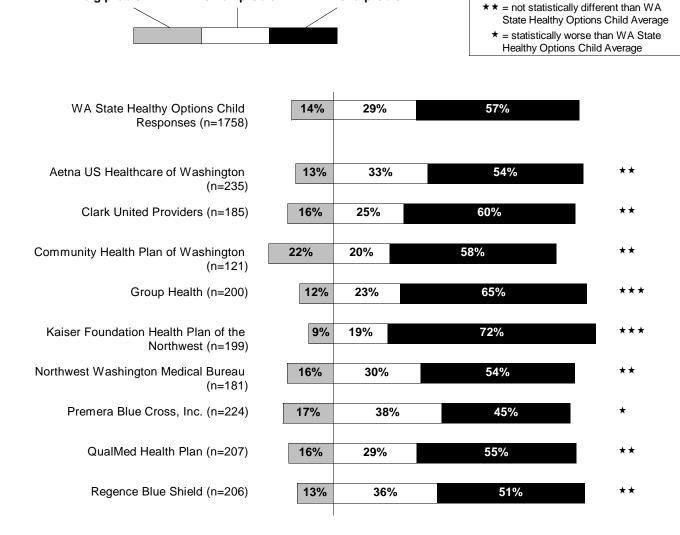
A big problem

#### **Customer Service**

This chart summarizes the responses to survey questions 61, 63, and 69 contained in the composite "Customer Service." Individual question-level responses immediately follow.

Not a problem

A small problem

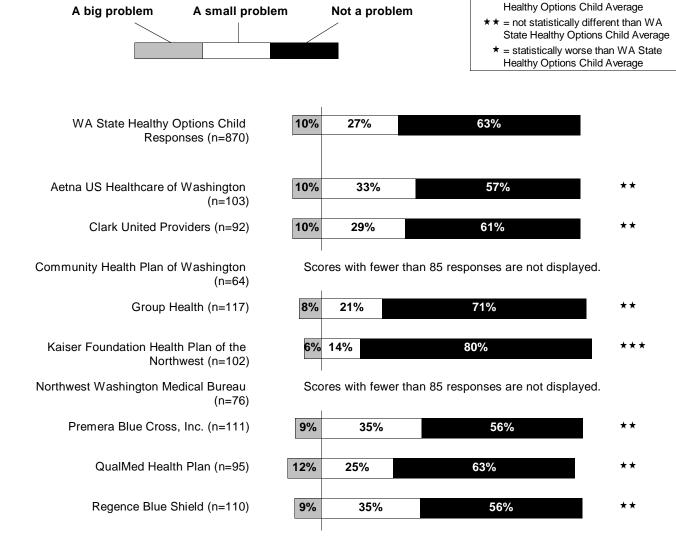


NOTE: Survey results presented in this report are based on the 1999 "Survey About Your Health" CAHPS survey sponsored by the Washington State Medical Assistance Administration. Small percentage differences represent measurement (sampling) error rather than actual differences in health plan performance. Numbers may not add up to 100% due to rounding. Results are case-mix adjusted. To guard against inappropriate interpretation, plans with fewer than 85 responses for a single survey item do not receive a bar. Please see the detailed methodology appendix for additional information. Statistical tests are calculated on the case-mix adjusted scores, not the frequency distribution of the unadjusted responses.

★★★ = statistically better than WA State Healthy Options Child Average

#### **Customer Service**

Q61. "In the last 6 months, how much of a problem, if any, was it to find or understand information in the written materials?"



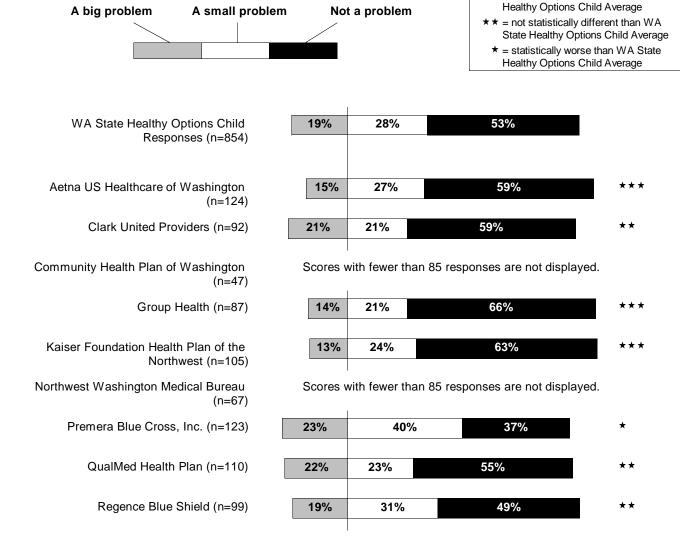
NOTE: Survey results presented in this report are based on the 1999 "Survey About Your Health" CAHPS survey sponsored by the Washington State Medical Assistance Administration. Small percentage differences represent measurement (sampling) error rather than actual differences in health plan performance. Numbers may not add up to 100% due to rounding. Results are case-mix adjusted. To guard against inappropriate interpretation, plans with fewer than 85 responses for a single survey item do not receive a bar. Please see the detailed methodology appendix for additional information. Statistical tests are calculated on the case-mix adjusted scores, not the frequency distribution of the unadjusted responses.

\* \* \* = statistically better than WA State

### **Customer Service**

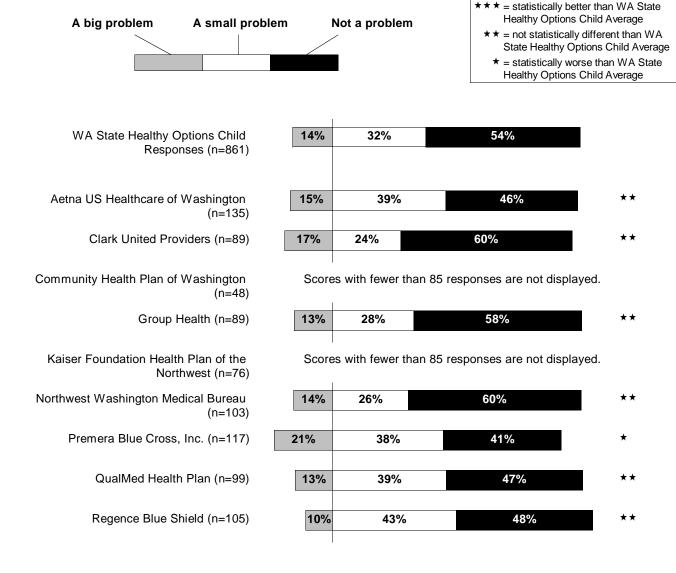
Q63. "In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your child's health plan's customer service?"

\* \* \* = statistically better than WA State



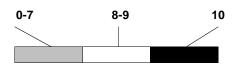
#### **Customer Service**

Q69. "In the last 6 months, how much of a problem, if any, did you have with paperwork for your child's health plan?"

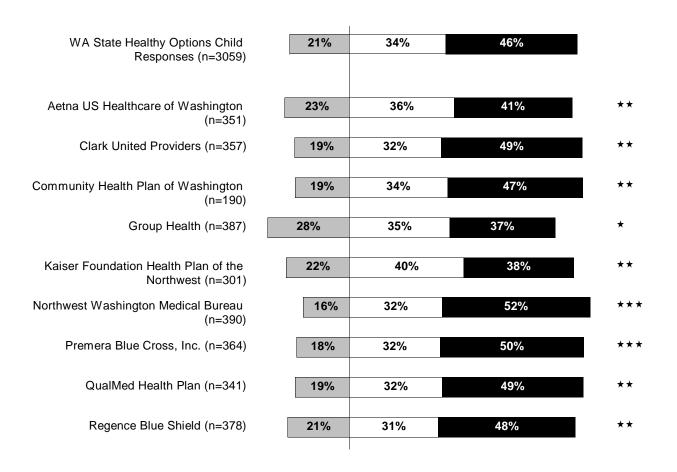


#### **Rating Personal Doctors**

Q11. "Use any number from 0 to 10, where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your child's personal doctor or nurse now?"



- ★★★ = statistically better than WA State Healthy Options Child Average
- ★★ = not statistically different than WA State Healthy Options Child Average
  - ★ = statistically worse than WA State Healthy Options Child Average

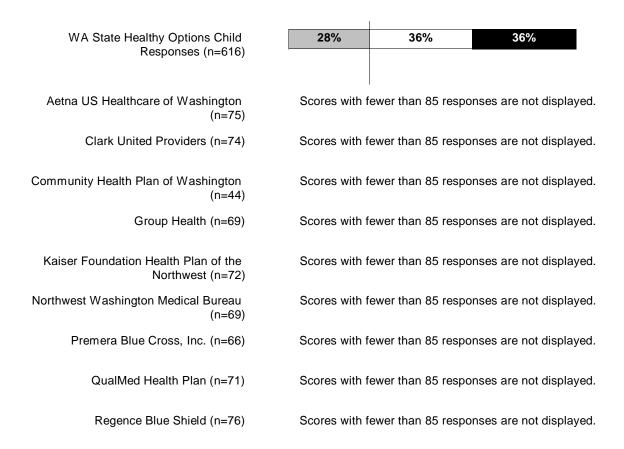


#### **Rating Specialists**

Q15. "Use any number from 0 to 10, where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate your child's specialist?"

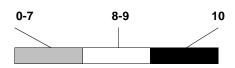


- ★★★ = statistically better than WA State Healthy Options Child Average
- ★★ = not statistically different than WA State Healthy Options Child Average
  - ★ = statistically worse than WA State Healthy Options Child Average

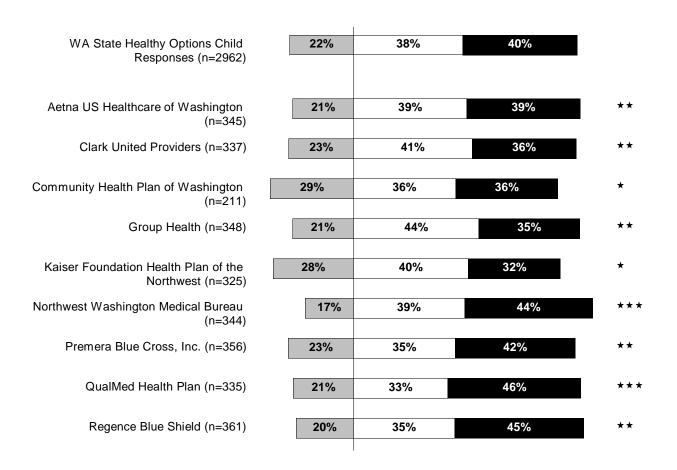


#### **Rating Health Care**

Q45. "Use any number from 0 to 10, where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your child's health care?"

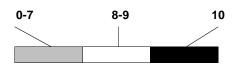


- ★★★ = statistically better than WA State Healthy Options Child Average
- ★★ = not statistically different than WA State Healthy Options Child Average
  - ★ = statistically worse than WA State Healthy Options Child Average

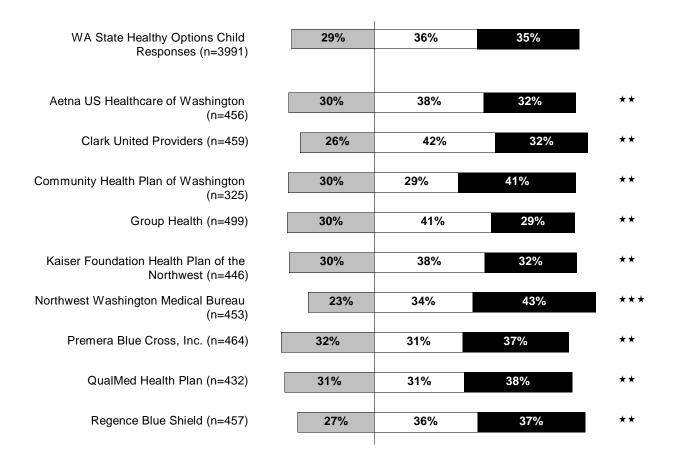


### Rating Health Plan

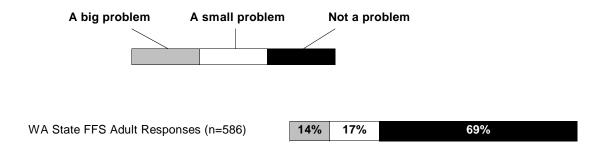
Q71. "Use any number from 0 to 10, where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your child's health plan now?"



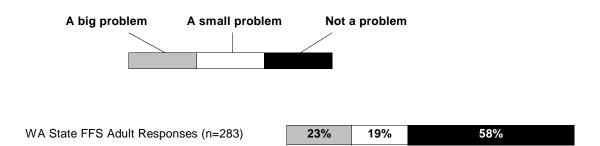
- ★★★ = statistically better than WA State Healthy Options Child Average
- ★★ = not statistically different than WA State Healthy Options Child Average
  - ★ = statistically worse than WA State Healthy Options Child Average



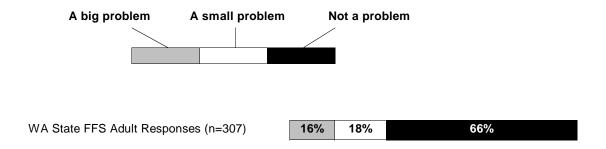
This chart summarizes the responses to survey questions 3, 7, 21, and 22 contained in the composite, "Getting Needed Care." Individual question-level responses immediately follow.



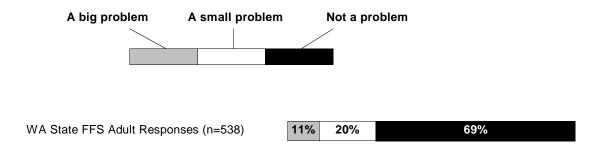
Q3. "How much of a problem, if any, was it to get a personal doctor or nurse you are happy with?"



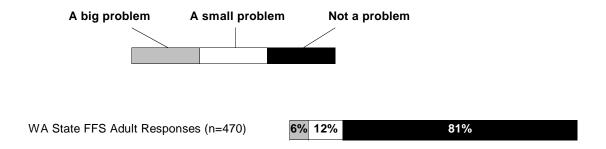
Q7. "In the last 6 months, how much of a problem, if any, was it to see a specialist that you needed to see?"



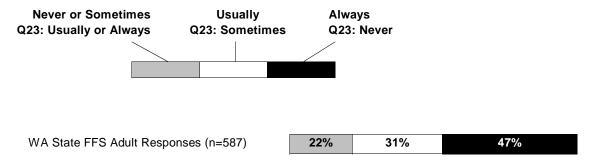
Q21. "In the last 6 months, how much of a problem, if any, was it to get the care you or a doctor believed necessary?"



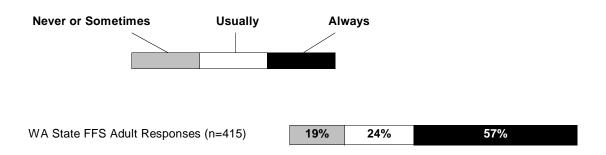
Q22. "In the last 6 months, how much of a problem, if any, were delays in health care while you waited for approval from Medical Assistance?"



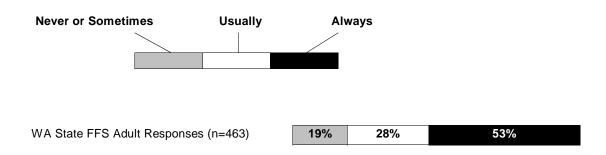
This chart summarizes the responses to survey questions 12, 14, 17, and 23 contained in the composite, "Getting Care Without Long Waits." Individual question-level responses immediately follow.



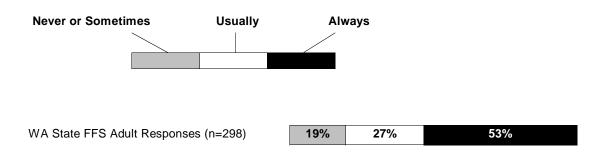
Q12. "In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed?"



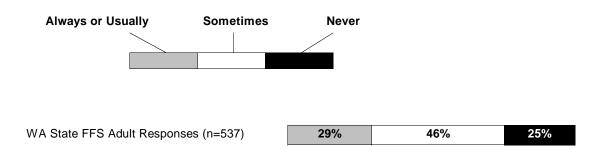
Q14. "In the last 6 months, how often did you get an appointment for regular or routine health care as soon as you wanted?"



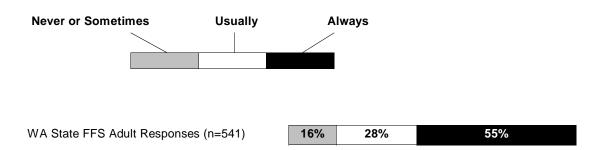
Q17. "In the last 6 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?"



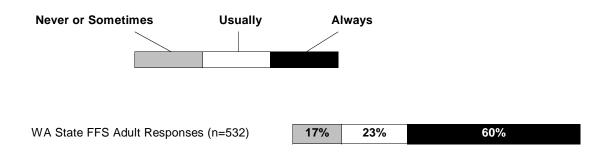
Q23. "In the last 6 months, how often did you wait in the doctor's office or clinic, more than 15 minutes past your appointment time, to see the person you went to see?"



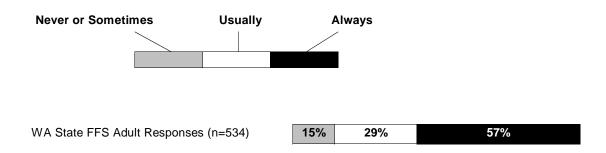
This chart summarizes the responses to survey questions 26, 28, 29, and 30 contained in the composite, "Doctors Who Communicate." Individual question-level responses immediately follow.



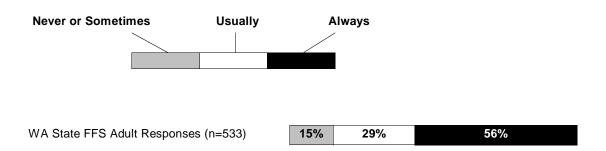
Q26. "In the last 6 months, how often did doctors or other health providers listen carefully to you?"



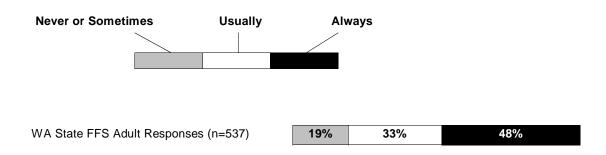
Q28. "In the last 6 months, how often did doctors or other health providers explain things in a way you could understand?"



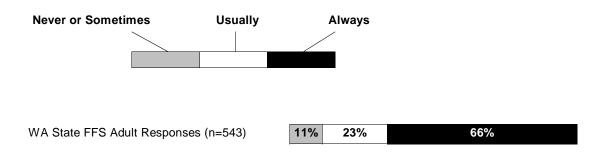
Q29. "In the last 6 months, how often did doctors or other health providers show respect for what you had to say?"



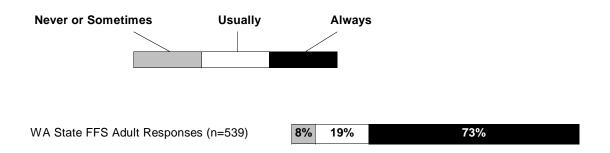
Q30. "In the last 6 months, how often did doctors or other health providers spend enough time with you?"



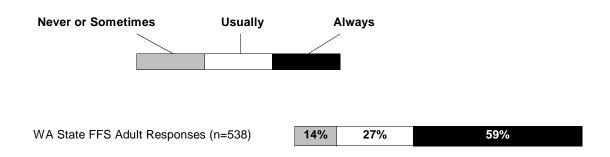
This chart summarizes the responses to survey questions 24 and 25 contained in the composite, "Courteous and Helpful Office Staff." Individual question-level responses immediately follow.



Q24. "In the last 6 months, how often did office staff at doctor's office or clinic treat you with courtesy and respect?"

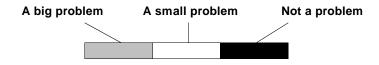


Q25. "In the last 6 months, how often were office staff at your doctor's office or clinic as helpful as you thought they should be?"



### **Customer Service**

Q44. "In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called Medical Assistance customer service?"



WA State FFS Adult Responses (n=79)

Scores with fewer than 85 responses are not displayed.

### **Rating Personal Doctors**

Q5. "Use any number from 0 to 10, where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your personal doctor or nurse now?"

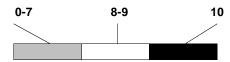


WA State FFS Adult Responses (n=446)



# **Rating Specialists**

Q9. "Use any number from 0 to 10, where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate the specialist?"



WA State FFS Adult Responses (n=297)



# Rating Health Care

Q34. "Use any number from 0 to 10, where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your health care?"

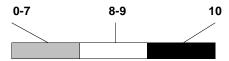


WA State FFS Adult Responses (n=535)

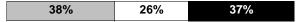


# **Rating Health Plan**

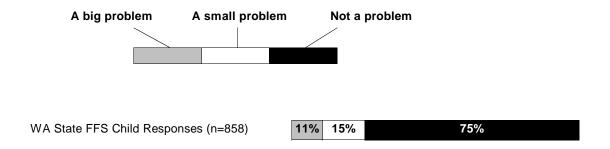
Q46. "Use any number from 0 to 10, where 0 is the worst possible, and 10 is the best possible. How would you rate your health coverage now?"



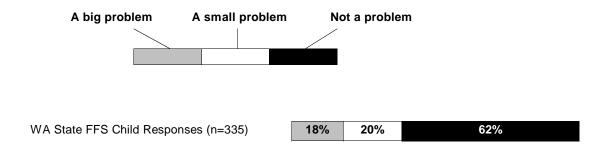
WA State FFS Adult Responses (n=644)



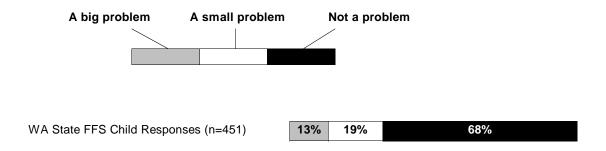
This chart summarizes the responses to survey questions 3, 8, 22, and 23 contained in the composite, "Getting Needed Care." Individual question-level responses immediately follow.



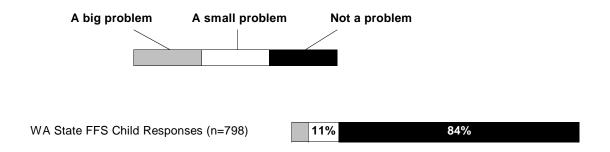
Q3. "How much of a problem, if any, was it to get a personal doctor or nurse for your child you are happy with?"



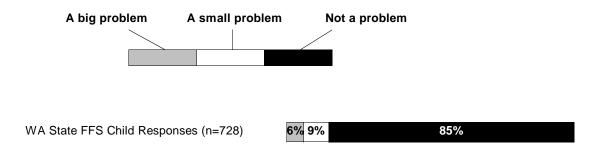
Q8. "In the last 6 months, how much of a problem, if any, was it to see a specialist that your child needed to see?"



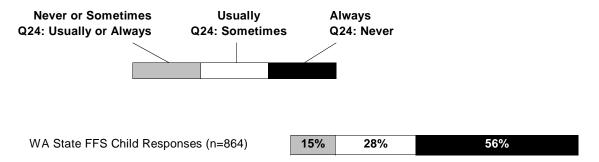
Q22. "In the last 6 months, how much of a problem, if any, was it to get care for your child that you or a doctor believed necessary?"



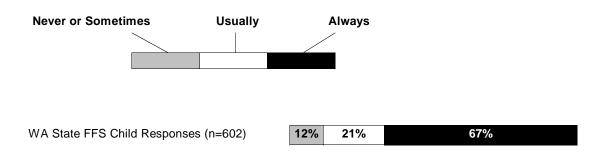
Q23. "In the last 6 months, how much of a problem, if any, were delays in your child's health care while you waited for approval by Medical Assistance?"



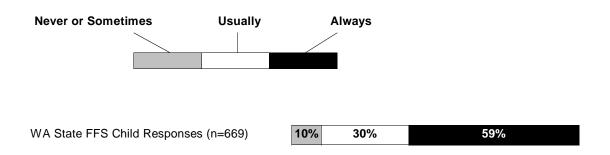
This chart summarizes the responses to survey questions 13, 15, 18, and 24 contained in the composite, "Getting Care Without Long Waits." Individual question-level responses immediately follow.



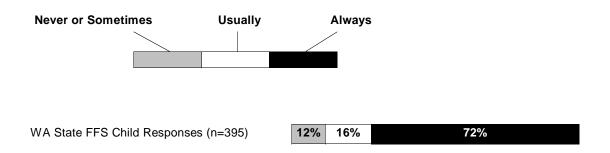
Q13. "In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed for your child?"



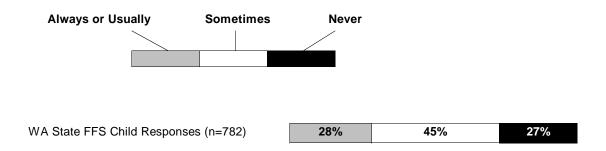
Q15. "In the last 6 months, how often did your child get an appointment for regular or routine health care as soon as you wanted?"



Q18. "In the last 6 months, when your child needed care right away for an illness or injury, how often did your child get care as soon as you wanted?"



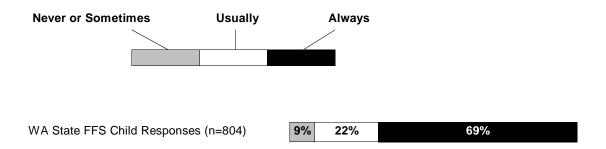
Q24. "In the last 6 months, how often did your child wait in the doctor's office or clinic, more than 15 minutes past the appointment time, to see the person your child went to see?"



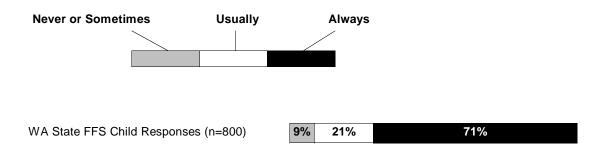
FFS Child

### **Doctors Who Communicate**

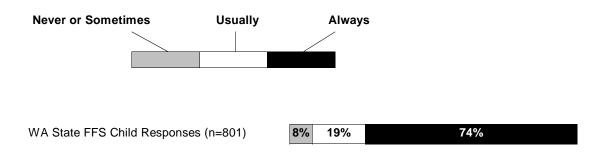
This chart summarizes the responses to survey questions 27, 29, 30, and 31 contained in the composite, "Doctors Who Communicate." Individual question-level responses immediately follow.



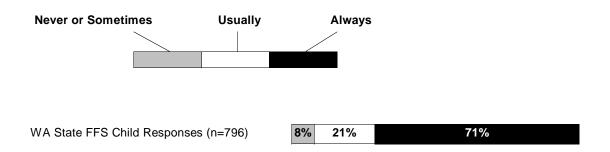
Q27. "In the last 6 months, how often did your child's doctors or other health providers listen carefully to you?"



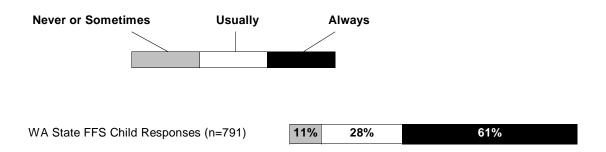
Q29. "In the last 6 months, how often did your child's doctors or other health providers explain things in a way you could understand?"



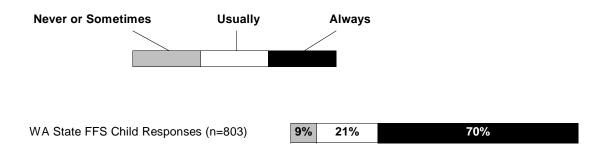
Q30. "In the last 6 months, how often did your child's doctors or other health providers show respect for what you had to say?"



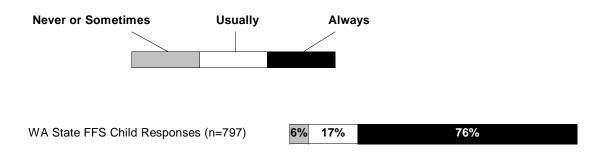
Q31. "In the last 6 months, how often did doctors or other health providers spend enough time with your child?"



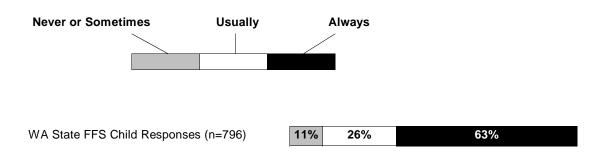
This chart summarizes the responses to survey questions 25 and 26 contained in the composite, "Courteous and Helpful Office Staff." Individual question-level responses immediately follow.



Q25. "In the last 6 months, how often did office staff at your child's doctor's office or clinic treat you and your child with courtesy and respect?"



Q26. "In the last 6 months, how often were office staff at your child's doctor's office or clinic as helpful as you thought they should be?"



### **Rating Personal Doctors**

Q6. "Use any number from 0 to 10, where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your child's personal doctor or nurse now?"



WA State FFS Child Responses (n=742)



# **Rating Specialists**

Q10. "Use any number from 0 to 10, where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate your child's specialist?"



WA State FFS Child Responses (n=438)



# **Rating Health Care**

Q37. "Use any number from 0 to 10, where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your child's health care?"



WA State FFS Child Responses (n=795)



# **Rating Health Plan**

Q53. "Use any number from 0 to 10, where 0 is the worst possible, and 10 is the best possible. How would you rate your child's health coverage now?"



WA State FFS Child Responses (n=941)



### **Detailed Methodology**

### The History and Development of the CAHPS Survey

The questionnaire used for the Medicaid CAHPS survey is part of a group of surveys developed by a consortium of researchers lead by Research Triangle Institute (RTI), the Rand Corporation, and Harvard Medical School under a cooperative agreement between HCFA and the Agency for Health Care Policy and Research (AHCPR), a component of the US Public Health Service.

In 1994, AHCPR funded the Survey Development Project. In this study, the researchers reviewed existing research on consumer assessments of health plans, reviewed existing surveys developed to assess consumers' ratings of health plans, and, based on information from these reviews, developed and conducted preliminary tests of survey items that could be useful in further consumer assessments of health plans.

The researchers found that, although there was an extensive body of work on health plan assessments, they were all developed from the perspective of health plans or group purchasers – there was little focus directly on the consumer point of view. Also, most surveys were developed to be used only within a single type of plan or service delivery system, such as a staff model HMO setting. Few surveys were designed to apply to a full range of health care plans or populations. Lastly, the researchers found that most existing surveys had not been subjected to current, state-of-the-art testing of validity and reliability.

In October 1995, AHCPR announced a new initiative to build on the experience and findings of the Survey Development Project. The overall goal of this new Consumer Assessment of Health Plans Study (CAHPS) was to provide an integrated set of carefully tested and standardized questionnaires and report formats that could be used to collect and report meaningful and reliable information about the health plans. The CAHPS products were intended to be used with all types of health insurance consumers (including Medicaid recipients, Medicare beneficiaries, and those who are commercially insured) across the full range of health care delivery systems.

The CAHPS development team had the following goals:

- develop standard questionnaires, data collection protocols, analysis methods, and reports that can be used across sponsors and types of health plans;
- develop and test questionnaires that collect information on consumers' experiences and assessments of health plans and services;
- develop and test different reporting formats for conveying this information;
- design and implement an evaluation of CAHPS protocol and products; and
- determine if CAHPS survey results and reports help purchasers and consumers select a health plan.

Harvard, RTI, RAND, Westat, and their contractors and partners brought different viewpoints, research experience, and expertise to the project. AHCPR's strategy in funding these organizations was to capitalize on this diversity by forming collaborative teams to develop each major CAHPS component. Teams were formed to focus on questionnaire development, reporting product development, and evaluation. These teams worked together to ensure consistency in language, design principles, and other technical elements within and across all components. Once a questionnaire was developed and overall CAHPS design principles articulated, each institution took the lead in modifying the questionnaire and reporting products for specific populations. The result was a group of closely related CAHPS 1.0 surveys (such as Adult Commercial, Child Medicaid, and Medicare managed care CAHPS), all of which utilize a series of core questions.

After the development of the 1.0 surveys, the CAHPS development team worked in 1997 and 1998 with several demonstration sites. The goal of these process evaluations was to learn where CAHPS processes and procedures needed refinement when sponsors used them. One of the key issues addressed by the process evaluation was the adequacy of the questionnaires, in format and content, in meeting sponsor needs. In other words, did CAHPS information help consumers and benefits managers choose the best possible health plan appropriate for their circumstances? The team conducted surveys and focus groups before and after open enrollment periods to answer that question, specifically exploring:

- how knowledgeable respondents were about their health plan options;
- how knowledgeable respondents were about differences among plans after they reviewed CAHPS results;
- how confident respondents were that they made the best choice from the available plans;
- which sources of information consumers use to choose a health plan, and the importance of each of these sources;
- how useful consumers find different reporting formats for health plan information.

The CAHPS development team also tested some methodological issues in the demonstration sites (e.g., whether response rates differed by mail or telephone, and whether responses vary systematically with one method or the other). Based on these and other evaluations, the instrument was improved (some questions were omitted, rephrased, or added), resulting in CAHPS 2.0 surveys. Washington State used the CAHPS 2.0 instrument in both 1998 and 1999.

#### The Survey Instrument

Different CAHPS surveys have different numbers of questions: FFS Adult=62, Healthy Options Adult=74, FFS Child=68 and Healthy Options Child=86. All survey instruments cover the following general topics:

- Getting Care Quickly
- Getting Needed Care
- Doctors Who Communicate Well
- Courteous and Helpful Office Staff
- Customer Service

Additional questions give respondents the opportunity to evaluate their experiences overall and to rate their satisfaction with care provided. The questionnaire also includes questions about utilization of services, health status, and demographics.

This report presents data for four general types of survey questions:

- Questions that ask respondents to rate aspects of their care from 0 to 10, where 0=Worst possible and 10=Best possible;
- Questions that ask respondents how often something happened for which respondents could choose Never, Sometimes, Usually, or Always;
- Questions that ask respondents how much of a problem, if any, it was to get certain services, for which respondents can answer A Big Problem, A Small Problem, or Not A Problem;
- Questions that ask whether something happened for which respondents could choose Yes
  or No.

#### **Data collection**

#### Sample size and response rate targets

MAA identified 1200 adults from each plan and 866 children from each plan. In some cases, the number of eligible members in a health plan was less than this, so questionnaires were mailed to all eligible members. The response rate target was 50%.

#### Sample selection and eligibility criteria

The data for the Medicaid CAHPS Survey were collected and processed by Datastat, an independent survey vendor, using a randomly selected sample drawn by MAA.

To be eligible, respondents had to meet survey eligibility criteria as prescribed by CAHPS 2.0H which includes, but is not limited to:

- 6 months continuous enrollment in the same health plan since 1/1/99 for Healthy Options Health Plan members, and 6 months' continuous enrollment on Medicaid since 1/1/99 for FFS clients.
- The Healthy Options Health Plan adult sample consisted of members 18 years or older at
  the time of the survey; the sample for children consisted of members who were 12 years and
  younger. The FFS adult sample consisted of adults 18 years and older, and for the FFS
  children there were two samples drawn (one sample was 12 years and younger, the other
  was between 13-17).
- FFS excluded persons who were dual eligible for Medicare and Medicaid.
- Clients whose primary languages were English and Spanish were included.

#### **Survey Implementation**

The survey was conducted between July and October 1999. It was a multi-wave survey, and 2 attempts were made to reach respondents via mail and 6 attempts were made via telephone. Both cover letters, reminder postcards and surveys contained a toll-free 800 number. Spanish speaking recipients were pre-identified by MAA. The table below describes all stages of survey implementation.

Telephone calls to those mail non-respondents were used to supplement the mailed response rate and were stopped shortly after the targeted 50% response rate was achieved per HEDIS 1999 CAHPS 2.0H specifications. This telephone survey methodology does not identify ineligible respondents; thus, response rates are adjusted only for eligibility criteria collected from the mailings.

Table 1. Survey Implementation Timeline

Task	Dates		
Pre-notification letters sent to 22,527 prospective respondents in nine MCO health plans and one FFS sample	July 9, 1999		
First survey mailing to 22,527 prospective respondents	July 14, 1999		
Initial Thank You/Reminder postcard mailing to 22,527 prospective respondents	July 23, 1999		
Second survey mailing to 16,646 non-respondents	August 17, 1999		
Second Thank You/Reminder postcard mailing to 16,646 non-respondents	August 31, 1999		
Phone follow-up conducted with non-respondents	September 8 to October 17, 1999		
Note: Mailing of Spanish surveys included in all mailings			

### **Sample Disposition**

The table below shows the final sample disposition. Of a total of 22,527 members, 2,102 were removed from the base of eligible respondents because they were deceased, had undeliverable addresses, had language barriers, or because they reported they were no longer enrolled in the health plan. The adjusted response rate when ineligible members\* were excluded was 52.8%

Table 2. Sample Disposition

	Healthy Options:		FFS:		TOTAL:	
Original sample	19,506		3,021		22,527	
Deceased, undeliverable, language barriers, no longer enrolled in plan	1,893		209		2,102	
Total Eligible Respondents	17,613		2,812		20,425	
Response per survey stage	Number of recipients	Number of respondents	Number of recipients	Number of respondents	Number of recipients	Number of respondents
First mailing	19,506	5,447	3,021	1,159	22,527	6,606
Second mailing	14,646	1,922	2,000	345	16,646	2,267
Telephone*	11,189	1,696	1,167	211	12,356	1,907
Spanish survey (subset of 1 <sup>st</sup> and 2 <sup>nd</sup> mailings and phone cases)	1,242	351	58	34	1,299	385
Total Number of Respondents	9,065		1,715		10,780	
Final Adjusted Response Rate*	51.5%		61.0%		52.8%	

<sup>\*</sup>Telephone calls to those mail non-respondents were used to supplement the mailed response rate and were stopped shortly after the targeted 50% response rate was achieved per HEDIS 1999 CAHPS 2.0H specifications. This telephone survey methodology does not identify ineligible respondents; thus, response rates are adjusted only for eligibility criteria collected from the mailings.

#### **Data Analysis**

### Scoring of composites

Composite scores are displayed to provide summary information about a range of questions on a topic. Most of the bar charts in the report represent a range of responses. For charts reporting questions with never/sometimes/usually/always responses, "sometimes" and "never" were grouped together; "usually" and "always" were presented separately. When several questions were summarized, all responses across all questions within a composite were examined. In the "Getting Care Quickly" composite, one question is framed in a negative way (i.e. "Never" is a positive response). For the composite scoring, responses on this question were flipped (i.e. the "Never" response becomes "Always").

The "never" and "sometimes" responses in the stacked, 3-category bar chart were combined to simplify the presentation of data. Results from repeated demonstrations of the CAHPS survey instruments indicate that the "never" response option is seldom selected by respondents. Combining "never" and "sometimes" results in no loss of information. Typically, less than 5% of the respondents select the "never" response to questions such as, "how often did doctors or other health providers listen carefully to you?"

Combining the "always" and the "usually" responses would result in severe loss of information. In CAHPS demonstration projects, about 50% of respondents stated that their health care providers "always" listen, explain, and respect their comments. Another 20% stated that their providers "usually" listen, explain, and respect their comments. Combining these categories would reduce the ability to discriminate performance on these items in the CAHPS survey. In other words, important information about health plans that consumers can use to examine plan performance is contained in the top two responses to the never/sometimes/usually/always questions.

#### Significance testing

For Healthy Options plans, statistically significant differences were calculated based upon the case-mix adjusted means of the categories of responses (1-3), not on the adjusted frequency distribution of the unadjusted responses.

Stars were assigned to adjusted health plan scores to indicate whether the plan was significantly better or worse than the mean of all plans in the state. Three stars represent a score better than the survey average, two stars average, and one star represents a score below the survey average. When interpreting statistical differences it is important to remember that the plan means have been case-mix adjusted and the sample size for each plan varies.

Significant differences were determined using two statistical tests. First, an F-test was conducted to determine if any of the adjusted plan means differ significantly from the other plan means in the state. This preliminary test offers some protection against giving a plan three stars or one star due to random fluctuations in the sample when there may truly be no meaningful inter-plan differences. If the *F*-test indicates that there were differences, then t-tests were performed to determine if the mean for each plan was different from the overall mean for all plans in the state. P-values less than 0.05 were considered statistically significant.

Only the means of the categories of responses were case-mix adjusted. Linear regression modeling techniques were used to adjust the means by age, education, and self-reported health status.

FFS is a single plan and should not be compared to Healthy Options plans (see page D2), thus no statistical tests were performed.

### Frequently Asked Questions

#### SURVEY INSTRUMENT

### 1. How were the CAHPS surveys developed and tested?

The initial CAHPS 1.0 survey was developed by an interdisciplinary team of experts who sought to create a standardized health care assessment that consumers could understand and use to decide which health plan to join. The survey development was based on an extensive literature review, focus group testing, and in-depth interviews.

The CAHPS surveys have probably been tested more completely than any previously used consumer survey. A wide array of techniques have been used for these tests, including focus groups, in-depth cognitive testing, pilot studies, methodological experiments, and large demonstration studies, such as the demonstrations in Washington State, Kansas, and New Jersey. In addition, surveys were administered to consumers who looked at CAHPS reports, before and after open enrollment periods. Based upon these experiences, the CAHPS survey was revised into its current 2.0 format.

### 2. Why does CAHPS order response options or questions in such a way that the negative wording comes first?

CAHPS presents the never-to-always response options in the order from "never" to "always" and the problem format response options from "a big problem" to "not a problem." Because survey methods studies show that respondents tend to be reluctant to use negative response options, putting the negative responses first yields a better distribution of responses.

For the problem format questions, CAHPS uses the format "how much of a problem, if any, was it to [do X] - a big problem, small problem, not a problem?" The "if any" wording conveys to the respondent that he/she can choose "not a problem" if that applies. In situations where doing X was a problem for the respondent, he/she can convey how much of a problem it was.

#### 3. Can I use the CAHPS questions to do an internal survey?

Some health plans would like to use the CAHPS questions for internal QI efforts, for example to identify doctors who do not communicate well. This is encouraged as the CAHPS instrument is in the public domain.

#### DATA COLLECTION

4. How many questions had to be answered for the survey to be considered complete? All data that was contained in completed telephone interviews was retained. Data from completed mail surveys was retained if (a)Q1 [member] is Yes, and (b)Q20/21/25/26 [times to see doctor] is answered. To be included in the analysis, 80% of survey items had to have been anwered.

#### **DATA ANALYSIS**

- 5. How was the state mean calculated? Why was this chosen as the comparison group? This is a simple mean (average). This was chosen as a comparison group because there are no other geographic breakdowns that are reliable or constant (i.e. too many plans have membership that cross county or "market area" lines to make either of these practical comparison groups). Also, although plans have expressed interest in using "market areas" as comparison groups, these are subjective "areas;" most plans have different ideas of what their market area is.
- 6. How was the significance testing calculated for the health plan reports?

  Significance testing for a health plan was calculated against the mean for state. A plan that had results that were statistically significantly better than the state mean were denoted with three stars, an "average" plan was denoted with two stars and a plan that had results that were statistically worse that the state mean were denoted with one star.
- 7. Why were responses to the 0-10 rating scale reported in clusters of 0-7, 8-9, and 10? We needed to recode the 0-10 responses into three categories, so that the formats of the data entered into the significance tests were consistent across all questions. The number of responses in the three new categories, rather than the original eleven categories, determine the plan's mean, and these are used in the significance tests.

We also thought that recoding might improve the statistical properties of the tests. On general statistical principles, the analysis of very skewed data (0-10 satisfaction scales where the median is around 7 or 8) is improved by a transformation that reduces skewness. That is, transforming the data into three variables such that the median is the second variable. In the CAHPS surveys, it is plausible that the difference between 0 and 2, both indicating strong dissatisfaction, carries less information than the difference between 8 and 10, reflecting average and maximum satisfaction, respectively. Therefore, compression of the lower part of the scale (by combining categories at the low end) may remove some meaningless variation from the data. Statistical improvement is reflected in larger values of the F statistic in the recoded data as compared to the original data. Although the F statistics are not directly reflected in the graphical display, it seems reasonable to assume that if the display corresponds to a recoding that helps to distinguish among plans, then the display would also be informative to the reader.

With these considerations in mind, we looked at data from a number of different implementations of CAHPS in a variety of populations. In almost every case, some form of transformation improved the F statistics. Which of the alternative transformations worked best varied across data sets. At one extreme, grouping the responses 0-8, 9, 10 worked best when overall means were high. At the other, a 0-6, 7-8, 9-10 categorization worked well in a few cases, where the overall means were low. We found that a good compromise was a 0-7, 8-9, 10 recoding. This had good statistical properties, and the proportion of the data in the bottom category (0-7) were never excessively large.

8. Why were the response categories for "never" and "sometimes" combined in the graphs?

We combined the four response options (never/sometimes/usually/always) into three

categories to simplify the presentation of data. In deciding which two responses to combine, we examined results from repeated demonstrations of the CAHPS survey instruments. These indicated that the "never" response option is seldom selected by respondents. For example, less than 5% of the respondents typically select the "never" response when asked if their health care providers listen, explain, and respect their comments - a percentage so small that the text "5%" cannot even fit in such a section. Combining "never" and "sometimes," therefore, results in no loss of information.

In contrast, combining the "always" and the "usually" responses would have resulted in a significant loss of information. In CAHPS demonstrations, about 50% of respondents say that their health care providers "always" listen, explain, and respect their comments. Another 20% stated that their providers "usually" listen, explain, and respect their comments. Combining these categories would reduce the ability of these items in the CAHPS survey to discriminate properly. In other words, the information about health plans that readers can use to examine plan performance is contained in the top two responses to the "never/sometimes/usually/always" questions.

9. Why did you use "composites" to summarize items in the CAHPS survey?

Research shows that people have trouble thinking about or remembering more than five to seven ideas at a time. When people get too many ideas or pieces of information at one time they tend to be overwhelmed and may stop paying attention to the information provided. To keep the reporting of CAHPS survey results comprehensive as well as brief, CAHPS developed and tested groupings of related questionnaire items to report most of the survey results. We called these groupings "composites." Testing during the development of the CAHPS questionnaire and report showed that consumers found the five composites easy to understand and were satisfied with the level of detail.

#### 10. Why were responses for some CAHPS Questions listed "backwards?"

For consistency's sake, the right side of the triple-stacked bar graphs is the most positive response, and the left side is the most negative. With some exceptions, in the questions with responses of "never/sometimes/usually/always," "always" is the most positive response and "never" is the most negative. For example, when asked "How often did doctors or other health providers listen carefully to you?," "always" is the best response and "never" the worst. An example of an exception is a question which asks how often respondents had to wait more than 15 minutes. Here "always" is the worst response, and "never" is the best. To stay consistent, the two most negative responses (here, "always" and "usually") are combined and moved to the left side of the graph, and the most positive response ("never") is on the right.

#### CONSUMERS AND PUBLICITY

11. What information were consumers receiving about these Medicaid CAHPS results? Consumers are receiving a brochure summarizing the results similar to what they received last year, that will be available in seven languages.